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Epidemiology

AIDS

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Epidemiology AIDS

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12 February 1992

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ANGOLA

Health Official Notes Steady Increase in AIDS Cases

MB0312164591 Luanda Radio Nacional Network in Portuguese 1900 GMT 2 Dec 91

[Excerpt] The number of AIDS cases in Angola is rising steadily. Deputy Health Minister Dr. Martim Avalanga has disclosed in Luanda that 250 national citizens suffering from that disease have already been registered. He was speaking on the occasion of AIDS Day on 1 December. [passage omitted]

BENIN

HIV Positive Figures Call For Urgent Action

92WE0192A Cotonou LA NATION in French 13 Nov 91 p 4

[Article by Ferdinand Houehou: "Approximately 1 Billion CFA Francs To Fight AIDS in Benin"]

[Text] A total of 803,320,000 CFA [African Financial Community] francs will be the financial contribution of the development partners toward strengthening Benin's efforts to prevent and combat AIDS.

It was at the conclusion of a conference to mobilize resources held last 28 and 29 October at the Hotel Aledjo PLM in Cotonou that the intergovernmental institutions, multilateral and bilateral organizations, and non-governmental organizations represented at these meetings undertook this commitment.

Their contribution will make it possible to implement—over a period of two years—the medium-term national plan to combat the epidemic.

This plan obviously places the emphasis on informing and educating the different sectors of the population with a view to helping them assume responsibility for their own health and that of others. Adherence to this basic principle of the fight against AIDS is an effective way to curb the spread of the epidemic, inasmuch as the prospects for an early discovery of a vaccine and a therapy for use against the disease are not very promising.

This is why—in recognition of the insidious character of the disease—Minister of Public Health Veronique Lawson, who presided over the proceedings of this coordinated effort against AIDS, made a point of saying: "Never in the history of the world has any disease had such a serious impact on individual human beings simultaneously in their body and in their relations with others and with their social milieu."

In fact, the Acquired Immune Deficiency Syndrome (AIDS) has given rise to not just one but three interdependent worldwide epidemics: the epidemic of infection with the HIV (Human Immunodeficiency Virus), the

medium for the transmission of AIDS; the AIDS epidemic properly speaking; and the "epidemic" of social, cultural, economic, and political reactions to the other two epidemics.

It is well to remember that because AIDS is primarily transmitted sexually, it also strikes mothers and their children. The rise in infant mortality attributable to infection with the HIV could cancel out the progress anticipated from the child health programs supported by UNICEF [UN International Children's Emergency Fund] in the developing countries.

This is the occasion to pay tribute to the progress made in primary health care (SSP) as part of the public health program under way in Benin. The work of the SSP depends on the exercise by government officials, public health personnel, and the media of their responsibility to inform the public of the acute health problems that are afflicting the nation as well as the ways to prevent them and combat them. This means that with respect to maternity, for example, one should explain carefully the potential risk to which the mother and child are exposed. The decision to avoid pregnancy when a woman runs the risk of infection with the HIV and possibly to terminate a pregnancy depends, of course, on national policy, on our beliefs, and on our cultural values. A total of 134 AIDS cases and 15,000 seropositive cases were reported last year, and as of 30 September 1991 a total of 185 AIDS cases and 20,000 seropositive cases had been reported. Perhaps these figures—when compared with Benin's total population of more than 4.5 million—are not sufficiently expressive to galvanize individual effort for the fight against this scourge. Especially if one considers the figures for the disease that have been recorded in some African countries: for example, Uganda, which had 21,719 AIDS cases as of 31 December 1990 and 1.3 million seropositive cases as of April 1991, in a population estimated at 17 million, and Zaire, which had recorded 14,762 AIDS cases as of 31 January 1990 in a population of approximately 30 million.

Actually, the statistics concerning the AIDS epidemic (185 AIDS cases and 20,000 seropositive cases) recorded in Benin should instead be analyzed in terms of new contaminations that they are in the process of generating. Hence the urgent necessity of intensifying and strengthening health education with a view to inducing the different sectors of the population to change their sexual behavior in an efficacious and timely fashion, and especially by reducing the number of their partners and by using condoms. This is because—according to the WHO [World Health Organization]—for every case of AIDS detected in a given country one must assume the existence of 100 seropositive cases.

Moreover, the spread of the HIV can also be prevented within the specific framework of the national public health system by ensuring the safety of blood and blood products and by avoiding the reuse—without carefully

sterilizing them—of needles, syringes, and other instruments used to pierce the skin or to practice similar techniques.

In any event, the leaders of political opinion; the media; those who exercise authority in the mystical, magical, and religious sects; public health personnel; and even those individuals who are infected with the HIV, together with their families—in short, the entire Beninese community—are in the front line of the fight against AIDS and are therefore confronted by a challenge that demands great creativity, unflagging energy, and immeasurable resources.

The degree of commitment on the part of everyone, the collective will, and the individual capacity to meet this challenge will undoubtedly have a profound impact on the evolution of the AIDS epidemic in Benin.

BURKINA

Committee To Fight AIDS Formed

AB1912122491 Ouagadougou Radiodiffusion Nationale du Burkina Radio in French 0700 GMT 14 Dec 91

[Message to the nation from the Minister of Health, Amado Ouiminga; read by Joseph Ouedraogo, secretary of state for social welfare on 14 December—live or recorded]

[Excerpts] For the past four years on the first of December the international community has celebrated the international day for fighting AIDS. The celebrations remind each and everyone of us of the reality of this sickness to which individual and collective attention must be paid. [passage omitted]

The number of AIDS' cases in our country is increasing. Therefore, it must become everyone's daily concern. Ten cases were discovered in 1987; we now have 1,300 confirmed cases in the second quarter of 1991. This alarming rate should inspire cause for concern. In fact, out of every 100 AIDS' cases, 75 percent are young people between the ages of 20 and 39. Tests conducted in 1989 among the Awori group in Ouagadougou reveal that 61 out of every 100 people carry the virus. In the face of this evil, whose negative effects on the family, society, and economy need no longer be demonstrated, the Burkinabe Government has done everything to establish a National AIDS Control Committee. This multisectoral committee has been tasked with coordinating, evaluating, and promoting all the strategies aimed at limiting the spread of AIDS in our country. [passage omitted]

BURUNDI

Neurological Disturbances in AIDS (Based on Data from the Republic of Burundi)

92WE0113A Kiev VRACHEBNOYE DELO, in Russian No 6, Jun 91 pp 82-84

[Article by V. V. Andreyeva and A. E. Andreyev; Prince Regent Charles Hospital; under the rubric "Assisting the Practicing Physician"]

UDC 616.8:616-097

[Text] Neurological Disturbances in AIDS (Based on Data from the Republic of Burundi)

The acquired immune deficiency syndrome (AIDS) was first described in 1981 in the USA in representatives of high risk groups (homosexuals, drug addicts). In 1982, when the number of patients with various clinical manifestations, mainly those of T-cell immunological insufficiency, exceeded 1,000, the principal signs of the disease were established. A virus, the causative agent of the disease, was isolated in 1983 in France and the USA; this agent belongs to the group of retroviruses. The causative agent of AIDS was designated HIV in 1987 by the World Health Organization (WHO). AIDS was discovered over the course of five years in more than 100 countries on all continents; the total number of cases was about 100,000.

The republic of Burundi is one of the countries of central Africa in which an increase in the number of cases of AIDS has been observed in recent years. The spread of AIDS in the developed countries and the countries of the African continent has several characteristic features.

1. Intense development of the epidemic process. The number of cases identified in the USA and Europe in 1981-1985 increased on the average by 160% per year, and reached a maximum in 1985 in the principal foci (New York, San Francisco).

2. Unevenness of geographic distribution. Thus, 60% of all cases in the country are concentrated in five large American cities.

3. The majority of newly reported cases are homosexuals, drug addicts, recipients of blood and its components, sexual partners of infected individuals, and children of infected mothers.

In 1988-1990, 184 patients, age 15-70 years, with a serologically confirmed diagnosis of AIDS were found in the women's internal medicine division of the Prince Regent Charles Hospital. The ELISA test and the control WESTERN BLOT test were used for serological diagnosis. All age groups are subject to infection with AIDS; however, according to published data and our observations, its frequency is higher in individuals aged 26-30 years, which corresponds to the period of greatest sexual

activity. Of the 184 women examined by us, 72 were widows, divorcees, or unmarried; 85% were residents of the capital, primarily of the poor areas.

The cause of the disease was blood transfusion carried out in connection with massive blood losses during birth up through 1987, in 18 patients; in 1987 the investigation of donor blood for the presence of the virus had not yet been carried out. The sexual route of infection was presumed in 125 (68%) patients. Traditional treatment (scarification) had been carried out at various times in 41 of the patients, as a rule using nonsterile instruments. When the medical history of 31 of the patients was studied, tuberculosis of the lungs was found in 31 of the patients, herpes zoster in 22, and venereal diseases in 39 in the 1981-1985 period. Twenty-five of the patients abused alcohol.

The diagnosis of AIDS is established in the presence of not less than two main and one secondary features, in the absence of other causes of immune depression. The main features are: loss of body weight of more than 10%; chronic diarrhea for one or more months; persistent fever (38-39°); asthenia and anorexia. The secondary features include the following: chronic persistent cough of more than one month; itching of the skin, widespread skin diseases; herpes zoster; herpes simplex with chronic course; candidiasis of the oral cavity and the nasopharynx; adenopathy, polyadenopathy; reduction of memory and intellect; infection of the central and peripheral nervous system.

Loss of weight of more than 10% was observed in 70% of the patients examined; prolonged fever in 66%; asthenia with loss of appetite, in 78%; nocturnal sweats, in 47% of the patients. Chronic diarrhea was noted in 96 (52.2%) patients; in 64% this was in combination with helminthoses or intestinal amebiasis.

The main symptom of involvement of the lungs is chronic cough (66%), accompanying tuberculosis of the lung in 30 patients (16.3%), and bacterial pneumonia and pneumopathy of unclear etiology in 77 patients (42%). The leading symptoms of involvement of the skin and the mucous membranes was candidiasis of the oral cavity and nasopharynx (10.3%), straightening of the hair (25%); herpes zoster in the acute stage or previously experienced (13.6%); persistent skin itch (21%). An increase in the size of lymph nodes, mainly of the cervical and supraclavicular nodes, was identified by us in 26 patients (14.1%), and generalized lymphadenopathy, in 3 patients. Kaposi's sarcoma was noted in 5 patients (2.7%), the septic form of salmonellosis in 16, the septic form of acute myocarditis with features of pericarditis, in 5.

The frequency of the neurological manifestations of AIDS is 30-40%; we found these in 62 patients (33.7%). Involvement of the nervous system was caused by a pronounced activation of opportunistic infections (toxoplasma, the mycobacteria of tuberculosis, cryptococcus, cytomegalovirus, etc.), and is the direct consequence of

these diseases. The neurotropism which is characteristic of the immunodeficiency virus promotes the occurrence of peripheral neuropathies, acute and chronic meningoencephalitis, and acute and chronic encephalopathy.

Toxoplasmosis, which had previously been viewed as a relatively benign disease, is capable of inducing embryopathy, and is characterized by the most frequent involvement of the central nervous system in HIV infection. Of 23 patients suffering from toxoplasmosis, the clinical picture of neurotoxoplasmosis was expressed in various degrees in 14 (60.9%). Neurotoxoplasmosis evolved in 5 patients as the "pseudotumorous form", with an acute onset and high temperature in combination with various "loss-of-function symptoms", depending upon the localization of the process (hemiparesis or hemiplegia, hemianopsia, aphasia). Generalized convulsive attacks were observed in two patients. The "encephalitic form of neurotoxoplasmosis" was observed in 9 patients, characterized by gradual onset, moderate hyperthermia, mild disturbances of consciousness, in combination with "loss-of-function symptoms". When the cerebrospinal fluid was examined, an insignificant increase in protein (0.5-0.7 g/l) and a moderate lymphocytic pleocytosis were observed.

Infection with the tuberculosis mycobacteria is observed frequently in the presence of AIDS and reaches 50-70%. The involvement of the nervous system is the result of hematogenous dissemination of the causative agent. Of 34 pulmonary tuberculosis patients, neurological manifestations were observed in 11 (32%); of these, tuberculous meningitis was diagnosed in 7, manifested by marked general cerebral and meningeal syndromes, involvement of the cranial nerves, lymphocytosis, and decrease in the sugar content of the cerebral spinal fluid. The clinical picture of tuberculous angiitis with a pronounced general cerebral syndrome, loss of consciousness, and "loss-of-function symptoms" was observed in 4 patients.

Cryptococcosis is most frequently observed in AIDS. When the cerebrospinal fluid was examined cyto- and bacteriologically in 7 patients with the clinical picture of meningoencephalitis and a progressive course in combination with moderate hyperthermia and a mild meningeal syndrome, the presence of cryptococci (*Cryptococcus neoformans*) was noted. Neurological manifestations were caused in other patients by the direct neurotropism of the virus; peripheral neuropathies of the mono- or polyneuritic type, accompanied by pareses of the extremities or certain muscle groups, and disturbances in sensitivity in the zone of innervation of the involved nerves, were diagnosed in 17 patients; the clinical picture of chronic meningoencephalitis with a progressive decrease in intellect, disturbance in behavior, the presence of focal insufficiency (8) and epileptic attacks (2) was observed in 13 patients.

The clinical and biochemical investigations of the blood were carried out in all patients. Anemia was observed in 53%; lymphopenia in 45%; hypergammaglobulinemia, in 98%.

Thus far there is no specific treatment for the immunodepression. The presence of an accompanying saprophytic infection governs the use of specific treatment. After the establishment of the agent of three opportunistic infections (tuberculosis, cryptococcosis, and candidiasis), treatment was effective. The remaining patients were treated symptomatically.

As a result of treatment, improvement commenced in 142 patients (77%) with opportunistic infections, intestinal parasitoses and salmonellosis; 29 (15.8%) died. Severe meningoencephalitis of various etiologies and pneumopathies with established or nonestablished cause were the principal causes of death. Marked cachexia was observed in 91.6% of the deceased. Twelve patients (6.5%) were hospitalized repeatedly because of relapses of the disease.

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DJIBOUTI

Increase in HIV Positive Cases 'Disturbing'

92WE0155A Djibouti LA NATION DE DJIBOUTI
in French 3 Oct 91 p 4

[Article by Aramis Houmed Soule: "AIDS: Disturbing Increase in Djibouti"]

[Text] AIDS is increasing at a disturbing rate in our country: 683 seropositive individuals (individuals infected with the virus but without clinical symptoms of AIDS) and 104 cases of AIDS have been diagnosed by the country's medical services, especially at the Peltier general hospital, since 1986 when the human immunodeficiency virus (HIV), which causes AIDS, appeared for the first time in the Republic of Djibouti. Some of the people affected eventually died.

"These figures are just the tip of the iceberg; to have an idea of what is going on, you should multiply them by five. Projections are gloomy," officials in charge of the national AIDS control program pointed out.

Actually, there is cause to worry if we consider the context that characterizes the situation in our country (strong population concentrations in towns, massive inflow of impoverished people from neighboring countries, garrison troops, etc.) and the current increase in the number of cases. Thus [text illegible] cases in 1988, we have reached 51 cases in 1990. And 46 cases were reported during the first half of this year only.

It is therefore high time to increase awareness of the risks of AIDS at all levels, especially considering that, in spite of intensive research, there is currently no vaccine or

treatment of proven effectiveness. Hence the importance and urgency to implement an adequate prevention strategy. And this should be the responsibility of the media and sociologists far more than that of doctors. This truth deserves being brought again to the attention of PNLS (National Program for AIDS Control) officials, as efforts at prevention have shown their limitations.

The current practice of publishing certain messages that are sometimes the mere transposition of messages used in Europe or elsewhere is of no use in making the Djiboutian people truly aware of the AIDS threat.

Some of these messages may even result in a misperception of AIDS. This is true, for instance, of the message, "A faithful couple is safe from AIDS," which can be interpreted in a different manner. It may prove right those who say that AIDS is a disease invented by the West to combat infidelity. Similarly, to say that "AIDS kills" does not prove anything.

The reason is that death is infinitely more commonplace than in the West and that a flexible concept of the length of life softens death's tragic character.

In our opinion, a far greater impact could be achieved by using shock images or information disclosing the truth about the number of deaths. In addition, pointing out that young subjects would be deprived of descendants would be effective.

Besides, billboards are far from the best communication media for prevention messages in a country with a high rate of illiteracy.

ETHIOPIA

Estimates of 4,000 AIDS Cases in Country

EA0512094691 Addis Ababa Voice of Ethiopia
in Amharic to Neighboring Countries 1600 GMT
2 Dec 91

[Excerpt] [passage omitted] A statement issued by the Ministry of Health on the occasion of World AIDS day reveals that while six years ago there were only two reported AIDS patients in the country the number of reported AIDS cases or patients up to October 1991 has reached 1,534. These are only reported cases and there are estimated to be more than 4,000 AIDS cases or patients in our country, the statement concluded.

GHANA

Daily Examines Women Dying of AIDS in Ivory Coast

AB1912120691 Accra Ghana Broadcasting Corporation
Radio Network in English 0700 GMT 15 Dec 91

[Text] Writing under the heading: Our Dying Women, the WEEKLY SPECTATOR expresses concern about reports in Cote d'Ivoire that Ghanaian women there are dying daily from the killer disease AIDS.

The report says out of a population of about 1 million Ghanaian residents in Cote d'Ivoire, 90 percent is made up of women and about 70 percent of them are prostitutes. The SPECTATOR is said to learn that Ghanaian women are dying in Cote d'Ivoire out of immoral practices which have been tarnishing the image of Ghana in the eyes of foreigners.

Investigations conducted by the paper show that those to blame most for this misbehavior by Ghanaian women are agents who come to Ghana to recruit, train, and force teenage girls into the immoral profession. How these agents can be tracked down and made to stop this illegal traffic of Ghanaian women is the problem at hand, says the SPECTATOR. There is also the problem of stopping those women who go on their own to earn money the immoral way.

While urging Ghanaians at home to find a way of arresting this anomaly, the SPECTATOR makes it clear that even if these women do not lose their lives in Cote d'Ivoire, they return home to infect their fellow citizens with the AIDS disease.

GUINEA

Official Gives AIDS Figures

AB0701124192 Conakry Radiodiffusion Nationale de la Republique de Guinee in French 1945 GMT 4 Jan 92

[Excerpts] The health topic today is AIDS. The subject is a tragic issue in Guinea. The threat is growing and the perspective at the end of 1991 is bleak. Let us listen to Dr. Tiecoura Kourouma, national coordinator of the Sexually Transmitted Diseases- AIDS program who was the guest of our radio Saturday Club program, taking stock of the situation in our country: [Begin recording]

Kourouma: From 1987 to December 1991, we had about 386 AIDS cases and we told you at that time that most of the patients were men.

Unidentified reporter: [passage indistinct]

Kourouma: Yes. There are infected women but their number is far behind that of men. There are children as well. We have clearly noted that every semester, we have doubled the number of AIDS cases and we also have similar figures from 17 prefectures. This means that there is no longer a region in Guinea which is not affected by the disease. The figures we just gave you just concern those who report to hospitals. We also know that married men who carry the virus, have also contaminated their wives. As of 1987, we know that one out of 200 blood donors is contaminated. [passage omitted]

Up to now, we can say that 80 percent of AIDS patients were Guineans living outside the country where they contracted the disease. The current problem, however, is that we have AIDS cases among people who have never left our country. [passage omitted] [end recording]

MADAGASCAR

Only 25 HIV Positive Cases; Threat Remains

92WE0194A Antananarivo MADAGASCAR TRIBUNE in French 18 Nov 91 p 5

[Article by Jaobarison R.: "Seminar on AIDS; 25 Seropositive Cases in Madagascar"]

[Text] In the year 2000, 40 million human beings will probably be victims of AIDS (Acquired Immune Deficiency Syndrome). This colossal figure has been published officially by the WHO (World Health Organization). In the United States, the director of the overall AIDS program of that international organization, Mr. Mearson, declares that with each passing day 5,000 more human beings become seropositive: in other words, 5,000 more people are carrying the virus. In Madagascar the figures still appear to be small, because of the 60,000 individuals examined only 25 seropositive cases were detected, of which two have come down with AIDS. And of these two AIDS patients, one died in 1990 and the other has already returned to France.

This does not mean, however, that Madagascar is sheltered from this worldwide scourge. Far from it. The serious problem now is the fact that these 25 persons infected by the HIV (human immunodeficiency virus) will continue for five to 10 years in a satisfactory state and can still carry on a normal life like everyone. That is to say, to the extent that during this long period there has been no manifestation or sign to reveal the presence of the virus that has become established and encrusted throughout their entire system. They will not contract AIDS for five, six, or seven years after infection. Then, only one or two years after the onset of the initial AIDS symptoms, the death of these 25 seropositive individuals will be inevitable. The terrible thing about all this, however, is the fact that also according to the studies that have been made, a single AIDS patient has probably contaminated 123 other persons before dying—not to mention the other new seropositive individuals.

How then is it possible to combat the propagation of this mortal disease that no one knows how to cure? The WHO has found no better solution than prevention. Nothing other than prevention, because so far no vaccine against the disease, nor any truly effective medication, has been discovered. In order to arrest the propagation of AIDS, it is therefore a question of informing the population that AIDS can be avoided and is not inevitable, and of urging people to reduce the number of their sexual partners, to use condoms, and to have sexually transmissible diseases treated. For their part, the Christian churches recommend sexual abstinence outside marriage—in other words, conjugal fidelity. The seminar that will be held beginning today at the Solimotel will enable us to learn more about this disease that day by day is continuing its advance throughout the world (and perhaps in Madagascar as well).

MAURITIUS

Cost of AIDS Action Plan Estimated

92WE0198B Port Louis LE MAURICIEN in French
14 Nov 91 p 12

[Unattributed article: "AIDS Action Plan: 17 Million Rupees"]

[Text] "The sum of 17 million rupees will be necessary to implement the anti-AIDS action plan."

This is what a highly placed official of the Ministry of Health told LE MAURICIEN yesterday.

Furthermore he indicated that, to date, 19 HIV-positive cases had been reported to the ministry. The number of cases, he went on to say, has doubled this year in comparison with 1990, when 10 cases were reported.

The population most affected by this disease is between the ages of 20 and 39. Hence the need to maintain the AIDS prevention program.

The action plan will be implemented in 10 ways: epidemiological oversight, administration, counselling, prevention and control of sexually transmitted diseases, laboratory work, and the information program.

Nineteen HIV Positive Cases

92WE0198A Port Louis WEEK-END in French
1 Dec 91 p 7

[Unattributed article: "AIDS on Mauritius: 19 Identified Cases To Date; 6 Deaths Thus Far"]

[Text] Nineteen cases of HIV infection have been identified on Mauritius to date. Of these infected persons, ten have developed the disease. Six out of these ten AIDS patients have already died.

The first case of HIV infection was detected in September 1987. Whereas last year only four cases were reported, to date nine infected individuals have been reported in 1991.

According to the official projections, if the present trend continues, the island could have between 60 and 100 infected individuals in 1993. This fact suggests that the spread of the disease—though initially slow—has now taken an upward turn.

MOZAMBIQUE

Official Reports 63 AIDS Cases in Manica Province

MB0412185891 Maputo Radio Mozambique Network in Portuguese 1730 GMT 4 Dec 91

[Text] Armando Djedje, executive coordinator of the AIDS prevention and combat program in Manica Province, has reported that 63 AIDS cases had been recorded in Manica Province up to September.

In a speech to mark AIDS Day on 1 December, Djedje said that the number of AIDS-related deaths is unknown because of control difficulties. He noted that most AIDS sufferers are in the 20-30 age group.

NAMIBIA

President Nujoma Underlines AIDS Danger

92WE0204A Windhoek THE NAMIBIAN in English
27 Nov 91 pp 1, 3

[Text] Fifty-eight people had died from AIDS, and the number of cases in Namibia had increased sharply. Opening a Safe Motherhood Conference, Namibian President Sam Nujoma yesterday said that AIDS was a scourge threatening the country.

"The number of AIDS cases and HIV infections stands at 1,575 with 58 deaths. This figure may look small but the implications are serious," he said.

The President urged participants to learn from other countries where AIDS had reached endemic proportions.

"The disease is killing the economically active young men and women. In addition countries face a serious problem of orphans due to deaths of parents." In Zimbabwe the Minister of Health, Dr. Timothy Stamps, had estimated that by the year 2000, the Zimbabwe labour force would have been wiped out because of AIDS. It is estimated that more than half a million Zimbabweans are AIDS carriers.

Nujoma urged the conference to find ways of protecting mothers and children from AIDS.

SIERRA LEONE

AIDS Situation Said Not Alarming

AB2312093091 Freetown SLBS Radio in English
2000 GMT 21 Dec 91

[Excerpts] Out of 10,000 Sierra Leoneans who were screened to test for HIV virus AIDS 127 were proved positive and 29 have already died of the disease. This was disclosed by the head of Laboratory Services at the National AIDS Secretariat, Mr. Edmund Matthew, at the two-day workshop, organized by the National AIDS Control Program, held at the Institute of Education, Tah Hill in Freetown. [passage omitted]

The chairman of the workshop, Mr. David Williams, who is program assistant at World Health Organization in Sierra Leone, said the AIDS situation in Sierra Leone has not reached an alarming rate but warned the young population to be cautious as they run the risk of contracting and spreading the virus to other people.

He said that AIDS is causing considerable havoc in the world and Sierra Leone is no exception and commended

government for its tremendous assistance and contribution towards the AIDS program in the country. [passage omitted]

SOUTH AFRICA

AZT Reportedly Being Smuggled Into Country

92WE0175A Johannesburg SUNDAY TIMES
in English 24 Nov 91 p 15

[Article by Dawn Barkhuizen: "Mercy Smugglers Fly in AIDS Drug"]

[Text] The life-prolonging AIDS drug, Azido Thymidine (AZT), is being smuggled into South Africa and distributed to AIDS sufferers who cannot afford sky-high local prices.

The cost of the Schedule 4 drug—between R440 and R800 for 100 tablets—have put AZT out of the reach of many HIV-infected South Africans.

One of the recipients of the black-market supply was a Brakpan businessman, Mr. Barry McGeary, who died in September.

A friend bought AZT for him in Germany and brought it in on an overseas flight, Mr. McGeary's former lover, Mr. Johan van Vuuren said.

Network

"Had Barry not been able to get AZT this way, he would never have been able to afford it. He had to take six tablets a day. Some months this bill for AZT alone was R1,000."

The Sunday Times was told this week that a loose underground network of AZT users had been operating for at least three years.

During that period the death rate from AIDS dropped from 95 in 1989 to 74 in 1990, and 51 to date this year.

Experts say the drug has proved effective in prolonging the lives of people with full-blown AIDS and delaying the onset of full-blown AIDS in HIV-positive patients.

The contraband drugs are supplied at a nominal cost or free of charge to South Africans, on a strictly "need-to-know" basis.

"There's no syndicate involved. The system is based on sympathy rather than financial gain," a source said.

"People bring AZT in from Britain, where you get it free through the National Health Service, or from Europe and America where it is readily available and cheap."

But he warned against unscrupulous operators.

"I believe fake AZT is finding its way into South Africa and people could end up with capsules of talcum powder."

Powder

Doctors consulted by the Sunday Times said the number of AIDS-related deaths reported in South Africa had dropped since the advent of AZT in November 1987.

Dr. Stephen Miller, head of the HIV clinic at the Johannesburg Hospital said no AZT was being administered to patients.

"We have more than 1,000 people on our books and, because the government refuses to subsidise AZT and medical-aid societies limit payouts for medication, it is beyond their reach."

Dr. Ruben Sher, head of the AIDS Centre at the SA Institute of Medical Research, said: "Ideally, AZT should be given to all people infected with the virus."

Dr. Manda Homeshaw, head of the Department of Health's AIDS Unit, said the drop in the death rate had "nothing to do with AZT". It was a "normal blip typical of any epidemic".

Health Department Notes Increase in Pediatric AIDS Cases

MB0912170991 Johannesburg THE STAR in English
9 Dec 91 p 7

[Unattributed report: "Number of AIDS cases in SA [South Africa] triples in one year"]

[Text] The number of full-blown AIDS cases in South Africa has tripled in the past year and the number of children who are diagnosed with AIDS as a result of mother-to-child transmission is increasing steadily, according to the Department of National Health.

Statistics released by the department last week revealed that the number of South Africans with AIDS had risen to 969 by November 21. Heterosexual contact accounted for most—65 percent—of the newly diagnosed cases.

The largest hospital on the Reef, Baragwanath Hospital, says the number of children with AIDS contracted from their mothers has increased.

According to an obstetrician at the hospital, Dr. James McIntyre, the incidence of pregnant mothers with AIDS has increased from 0.8 percent to about 2 percent in a year, therefore the case of mother-to-child transmission would have increased accordingly. However, it was difficult to monitor the phenomenon of mother-to-child transmission of AIDS because the virus could only be detected 15 months after birth and by that time the hospital no longer had contact with the child, he said.

The Department of Health said that 20 percent of newly diagnosed AIDS cases in 1991 were children. Baragwanath and the Johannesburg Hospital have launched research projects to monitor cases of paediatric AIDS.

Hillbrow Hospital does not treat child AIDS victims, but reported 44 new adult AIDS cases in November. Deputy

superintendent Dr. Jack Norman-Smith said the increase in the number of patients suffering from full-blown AIDS had been "dramatic".

It is estimated that there are close to 200,000 HIV-infected people in South Africa and this number is increasing by about 300 every day.

In the light of increasing statistics, the department had increased its resources devoted to AIDS prevention.

A nationwide AIDS information campaign was launched at the beginning of this month and was the forerunner of a major community campaign, the department said.

An aspect of this campaign would be to ensure that children remained free from HIV infection as they passed through adolescence.

A Life Skill programme, incorporating relevant AIDS prevention education, is being formulated and a number of different modules will be available in all secondary schools at the beginning of next year.

New Process Found To Identify HIV-2 AIDS Virus

*MB1712152691 Johannesburg South African Broadcasting Corporation Network in English
1100 GMT 17 Dec 91*

[Text] A second strain of the AIDS virus, HIV-2 which has been sweeping parts of Africa, may be curbed in part from spreading to the United States and other countries, by new blood tests.

The American Food and Drug Administration recently approved a test kit which can identify in a single process blood tainted by both types of the AIDS virus. Recommendations are being made that all blood organizations should screen donated blood for both viruses.

Health Department Releases AIDS Data for 1991

*MB1401142892 Johannesburg SAPA in English
1348 GMT 14 Jan 92*

[SAPA PR wire service issued by SA [South African] Communication Service: "HIV-Free Children and Youths]

[Text] 1011 cases of AIDS have been reported by the end of 1991.

South Africa has now joined the 'club' of the 14 African countries which have reported at least 1000 cases of AIDS.

The first cases of AIDS in South Africa were in men who had sex with men. The numbers of AIDS reported in this group last year (59) is the lowest prognoses since 1987. This suggests that self-initiated education has been successful and the worst of the pandemic may be over.

For heterosexuals the news is much less optimistic and there is little sign of the pandemic slowing down. Two thirds of the 345 persons with AIDS diagnosed in 1991 became infected heterosexually and most were young adults in the prime of life.

The next most numerous groups being diagnosed with AIDS in 1991 were very young children who made up one sixth of all new cases. They became infected from their mother before or during birth.

These figures draw attention to those people who are not affected, namely children and youths. It is absolutely essential to maintain their HIV-infection free status. An educational programme has been developed over the past year.

This involved research by three separate academic bodies in different parts of the country. Various educational schemes were tested out. The findings of this research have become available.

These have been incorporated into a number of modules, which includes materials for both pupils and teachers. These, and an educational video film will be available to all secondary schools throughout the country.

Because AIDS transmission and sexual activity are an integral part of life and not a separate function, the modules will try to integrate AIDS prevention into everyday life and provide children and their parents with the skills to make further transmission of HIV unlikely.

This package will be launched next month. It is essentially a working or pilot model. The various components of the educational community, including teachers, parents, administrators and the pupils themselves, will be encouraged to make contributions to this working model. At the end of the day the working model may look quite different from the proposed draft model.

This process of active involvement will enable the draft model to become a fully functional educational tool. Although perhaps less dramatic than the discovery of a wonder drug or a vaccine, educational programmes such as this will eventually provide the answer to the scourge of AIDS in South Africa.

Issued by: Subdirector Liaison and Publications

Department of National Health and Population Development

Pretoria 14 January 1992

SWAZILAND

Health Ministry Official Gives AIDS Statistics

MB2201180692 Mbabane Radio Swaziland Network in English 1600 GMT 22 Jan 92

[Text] The Ministry of Health has reported that five people have died of AIDS in the country during the last

quarter of 1991. A statement from the ministry's director of health services, Dr. John Mbambo, says the five already dead are amongst the 21 cases reported in the country in the last quarter of 1991. The statement said: As of 30 June 1991, there were 45 cases and 26 deaths; and as of 30 September 1991, there were 71 cases and 21 deaths; and as of December 1991, there were 92 cases and 34 deaths.

Dr. Mbambo said the main weapon of prevention and controlling the HIV infection and AIDS is public health education, and that will remain the strategy to combat the transmission of this virus. He said the most effective way to prevent transmission of the virus is to abstain from sexual intercourse, or for the two unaffected partners to remain faithful to one another, and the proper use of condoms can also help reduce the risk of spreading the virus.

UGANDA

Danish Agency Funding Health Projects in Rakai
92WE0112A Copenhagen BERLINGSKE TIDENDE
in Danish 22 Oct 91 p 6

[Article by Sten Jensen: "Christmas Calendar Helps in AIDS-Devastated Area of Uganda"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] The profit of the sale of the Children's Developing Nations Calendar will supply the province of Rakai in Uganda with new schools. It is an area where adults die of AIDS and their surviving children receive no formal education.

Danish children will be getting their Christmas cheer mixed with the tragic consequences of AIDS when DR [Denmark's Radio] TV in December launches this year's edition of the Children's Developing Nations Calendar. Profit from the sale of calendars will go to help children in the province of Rakai in Uganda. The area is one of the places in the world hardest hit by AIDS.

Rakai has 380,000 inhabitants and in certain areas over 50 percent of the adult population is HIV positive. Illness and death, resulting from the population's destroyed immunity, are rising catastrophically.

Thousands of children have already lost their parents, and even though the family, as is African custom, cares for the orphans, it is an insurmountable burden. Because the province of Rakai is among Africa's poorest, very few children go to school.

The intention is to use the Christmas calendar profit to build 250 classrooms divided among 35 small schools at the primary and secondary level and a couple of elementary technical schools where students can learn the basic skills of a trade and be able to support themselves in the small towns. The hope for the new schools is that all children, not merely the orphaned, can receive instruction there.

In earlier years, the sale of Developing Nations Calendars yielded a profit of five million kroner. A similar profit this year could finance the projected schools. "There are almost no schools in the area anymore, and it is almost unimaginable what will happen there in the years to come," said Danida [Danish International Development Authority] representative, Wagn Winkel, who has visited Rakai.

Plans for 15-20 Years

A local committee, together with Ugandan Danida employees, will decide where the schools will be built, but it will be the Danish Church Relief organization which will administer the funds from the Developing Nations Calendar.

Danida plans to go into the area with projects worth up to 50 million kroner over the next three years, and the Danish Church Relief organization intends to go in with 20 million kroner. This includes support for road-building and AIDS counseling, for which local pastors will be trained.

Danida's plans in the area extend over 15 to 20 years. The goal is to stimulate increased production and income in the hardest hit areas by means of aid for development of local administration and support to the area's industry, health sector, and other infrastructures, together with various kinds of AIDS education.

Wagn Winkel explained that as a result of the high death rate in Rakai Danida must educate two workers for each job.

Museveni Appeals for Acceptance of AIDS Victims

EA0412075291 Kampala Radio Uganda Network
in English 0400 GMT 1 Dec 91

[Text] President Yoweri Museveni has appealed to all the people of Uganda to learn to accept people with AIDS in the same way as they accept people who are suffering other ailments. In an address to the nation on the eve of world AIDS day, which is being marked today, Mr. Museveni told the people of Uganda that the way we behave towards AIDS victims would determine those victims' response to society. He, therefore, cautioned that ostracization of AIDS victims can only breed a negative spirit among them and desire on their part for revenge on society. He added that the humane treatment of AIDS victims was of mutual benefit to everybody. To this end, the president advised the people of Uganda to care for people with AIDS as a community and as individuals.

At this juncture, the president commended the efforts of the people of (Kamucha) in Kampala for organizing themselves in cells to support the sick materially and spiritually, adding that this form of organization and community service should be emulated in the country.

President Museveni also reported that some ministries and institutions of higher learning are establishing an AIDS control program in coordination with the Uganda AIDS Commission. He called on those institutions which have not yet done so to do it at the earliest opportunity. He promised government assistance in this particular exercise. He, at this juncture, commended the Federation of Uganda Employees for working to increase awareness of workers through information, education, and communication programs.

Turning to the problem of orphans into AIDS, President Museveni called for the involvement of communities and individuals to provide for them. [sentence as heard] He warned that if we neglect the orphans now, we will be doing it at our own risk. He said that Uganda has between 600,000 and 1.2 million children under the age of 15, and every year between 15,000 and 20,000 AIDS orphans are being added to the number on account of AIDS and other causes.

Turning to the people who are already having the HIV virus, the president strongly advised them not to spread it. President Museveni also disclosed that a team from the WHO is already in Uganda to consider an HIV vaccine trial in the country. He said that the Uganda Government has asked the team for a therapeutic vaccine to be tried on people who already have AIDS, and that it is hoped that trials will commence in April next year. Mr. Museveni said that the Uganda virus research center has done a lot in analyzing herbs geared towards the finding of the drug to tackle the HIV virus. He said that there have been positive results, but at the same time warned that people should not be complacent at all since there is no cure yet.

President Museveni thanked government and NGO's (Nongovernmental Organizations) and individuals for their efforts in the fight against AIDS. He again urged those with AIDS to have courage and live out their lives positively.

ZAMBIA

AIDS Statistics Show Increase Trend

92WE0137B Lusaka TIMES OF ZAMBIA in English
5 Oct 91 p 1

[Excerpt] AIDS cases are high within the age group of 20-39 years and by the end of September last year 2,261 cases were recorded.

Of these, 1,119 cases involved men and another 1,140 were those of women in the same age group.

This is contained in a paper by Dr. Benson Himonga, national AIDS manager and epidemiologist in the Ministry of Health presented to the just ended workshop for chief executives on "AIDS and the workplace" held at Hotel Inter-Continental, Lusaka.

He said people in the age group of 40-49 years were second highest where 337 men and only 128 women were affected by the killer disease.

There were more AIDS related complexes in the 20-39 age group in which 4,822 men and 4,426 women were involved while 23 cases were not specified making a total of 9,271 cases in all.

Dr. Himonga said AIDS related cases among young girls between the ages of 15-19 years at 684 was high enough to worry about as compared to only 122 cases for men within the same age group.

He said 3,494 AIDS cases were reported and recorded as at September 30, 1990 involving 1,791 men and 1,692 women and another 11 unspecified cases.

For AIDS related cases a total of 13,510 were recorded and of these, 7,020 were of men, 6,449 of women and 41 could not be specified.

In June 1990, a research capability team from the World Health Organisation (WHO/GPA) visited Zambia to help in the process of research to identify priority and support schemes, Dr. Himonga said.

The AIDS cases reporting had been further strengthened through provision of stronger motivational activities through Government, mines and mission hospitals.

Dr. Himonga noted that information, education and communication activities were targeted at school youths, hotel and bar attenders on the dangers of AIDS and how to prevent it.

[Passage omitted]

AIDS Beginning To Have Economic Impact

92WE0203C Lusaka TIMES OF ZAMBIA in English
15 Nov 91 p 2

[Text] AIDS is beginning to have a negative economic impact on the community, deputy director of medical services, primary health care Dr. Sam Nyaywa has said.

The disease was on the increase and the economic impact of the illness and deaths was beginning to have a strain on the community.

He said in Lusaka urban hospital records showed 21 percent of blood donors and 25 percent of mothers attending ante-natal clinics were infected while 54 percent of those attending Sexually Transmitted Diseases (STD) clinics had the HIV virus.

Dr. Nyaywa was speaking at the opening of a three-day AIDS workshop for nurse educators in Lusaka on Wednesday in a speech read for him by University Teaching Hospital (UTH) executive director Dr. Eddie Limbambala.

He challenged nurse educators to join in national efforts aimed at making people more aware of dangers of AIDS and preventive measures which should be taken.

It was important to do so because the HIV pandemic and AIDS would continue to present a global challenge to health workers in the next decade and beyond.

"I hope that by the close of this workshop you should be able to participate in counselling of individuals with HIV and AIDS including family members.

"You should participate actively in teaching of HIV/AIDS related issues in the care of individuals with the disease in conjunction with home-based care teams and other agencies," Dr. Nyaywa said.

The opening ceremony was attended by World Health Organisation (WHO) regional representative Dr. Wilfred Boayue.

ZIMBABWE

AIDS, Other Disease Figures for Bulawayo

92WE0133A Harare THE HERALD in English
15 Oct 91 p 1

[Text] Bulawayo—At least 125 people died of AIDS in Bulawayo between April and June this year, according to City Health authorities.

In addition, 79 others died of tuberculosis during the first half of this year.

A report released by the Bulawayo City Council's director of health services, Dr. Barnett Nyathi, said the figure of 125 was an underestimate because many other AIDS-related deaths were not recorded.

Out of the 125, 71 were males while 54 were females. The highest number of AIDS-related deaths occurred

among children under the age of four, followed by the 20 to 29 age group. Ten of the dead were over 50 years old.

The report said between January and June, 46,134 people were treated for sexually transmitted diseases, and out of that number, 32,989 were men.

An additional 6,761 women suffered from a pelvic inflammatory disease, which is a complication resulting from untreated STD..

Masvingo Province Records 2,800 New Cases of HIV

MB0612051691 Johannesburg SAPA in English
2107 GMT 5 Dec 91

[Text] Masvingo Dec 5 SAPA—Zimbabwe's Masvingo Province has this year recorded 2,800 new cases of HIV virus infections, and by September 500 patients had developed AIDS, the ZIANA News Agency reported on Thursday.

Masvingo Provincial Medical Officer of Health Robert Moy said 75 percent of those tested for HIV proved positive.

"This year 3,700 people were tested and 75 percent were positive. This is about 2,800 new cases this year. By the end of the year we could have 700 new AIDS patients."

Mr. Moy said 15 percent of the 500 AIDS victims were children under the age of five, and the adults mainly in the 20-40 age groups.

He said AIDS was the third major killer of children in Masvingo province after pneumonia and malnutrition.

Last year the province recorded 650 cases of AIDS, and in 1989, 500.

"These figures are not very accurate. The actual numbers could be four times as high."

Forum Discusses AIDS Situation*HK1412024291 Beijing GUANGMING RIBAO
in Chinese 1 Dec 91 p 2*

[Article by correspondent Fan You (5400 0642): "AIDS in China Spreads Unabated"]

[Text] Beijing, 30 Nov (GUANGMING RIBAO)—As revealed by Public Health Minister Chen Minzhang at the "World AIDS Day" forum convened today, from 1985 up to now, the Ministry of Public Health has received reports from 15 Chinese provinces, autonomous regions, and municipalities on incidences of exposure to the HIV-virus. Six hundred and fifteen people have tested positive for the HIV-virus antibody, eight have developed full-blown AIDS. Of these eight, three are mainland residents; one had been a returnee from an overseas aid mission and had died this July.

The theme of this year's "World AIDS Day" is "Jointly Meet the Challenge." To prompt various social circles of our country to participate in AIDS prevention and control, the Chinese People's Political Consultative Conference Medical, Health, and Sports Committee; State AIDS Prevention and Control Committee; State AIDS Prevention and Control Expert Committee; and the Beijing Municipal Public Health Bureau jointly held this forum one day before the 1 December "World AIDS Day."

This correspondent learned from the forum that AIDS is spreading globally at an alarming rate of 5,000 new cases of exposure each day. So far, 8-10 million people worldwide have caught the HIV- virus; there are 1.5 million AIDS patients, 500,000 are children below the age of five.

Medical experts at the forum said: Though a dreadful disease, AIDS is preventable. They believe that our country should strengthen prevention in the following areas: 1. preventing AIDS from spilling over into the country from neighboring countries where AIDS is rampant; 2. strengthen health education to labor and service personnel to be sent to countries with high AIDS incidences; 3. cracking down severely on illegal behavior, such as drug-taking and patronizing prostitutes with the aim of eliminating infection through these paths; 4. tighten the sterilization procedure of medical instruments (such as syringes, needles, and dental instruments) and monitoring donors' blood and stopping infection from medical sources; and, 5. closely monitoring the signals from fetuses within mothers' wombs, and interrupting pregnancy if necessary.

Experts also advise people that while we should guard against AIDS, we should also dispel unnecessary panic toward it, saying that there is no danger of catching AIDS from general contact with AIDS carriers or patients, such as eating at the same table, hand shakes, using the same telephone, riding on the same transport, or working together. Scientific research has proved that mosquito bites cannot spread the AIDS virus either.

China Seen Alert and Active on World AIDS Day*40101011A Beijing CHINA DAILY (National)
in English 2 Dec 91 p 3*

[Text] China is keeping a close eye on the spread of AIDS in the country and is taking stringent measures to control it, according to a senior health official.

Addressing a forum held on Saturday in Beijing to commemorate "World AIDS Day," which was yesterday, Chen Minzhang, minister of Public Health, said that out of 300,000 people who have had serum examinations in the past 11 months in China, 122 have been found to be HIV positive and three of them have contracted AIDS.

Since 1985, Chen said, China has found eight AIDS sufferers and 607 infected by the AIDS virus in 15 provinces, cities and autonomous regions.

Among them are three mainland AIDS sufferers, one of whom had just returned from abroad. He was found to have been infected by the AIDS virus in 1989 and died in July this year.

The AIDS-infected are mainly drug addicts in the south-western border regions, people in inland provinces who have returned from abroad where they have been working as members of an exported workforce, people in coastal areas who have returned from visits abroad, and prostitutes in the big cities.

Statistics for the past five years show that 22 HIV carriers are living in Guangdong, 13 of whom were found this year. And in Shanghai, altogether 14 HIV carriers have been discovered since 1985, four of whom were found this year. A hotline number 4742615 offering AIDS consultancy services was opened yesterday in Shanghai, according to the local Wenhui Bao.

At the forum, Roy D. Morey, UNDP resident representative in China, said China has an almost unique opportunity to prevent the spread of AIDS, as the epidemic is still in its infancy in China. He said he hopes China will succeed in its fight against AIDS.

AIDS Victims' Health Conditions Improve*OW0301064292 Beijing XINHUA in English
0548 GMT 3 Jan 92*

[Text] Beijing, January 3 (XINHUA)—The health conditions of three of the first four AIDS victims found in China have taken a favorable turn after treatment, though the other died not long ago.

According to sources close to an appraisal meeting on AIDS detection and prevention techniques held in Zhejiang Province, the immunity of the three victims has improved during the past few years.

In 1985, Zhejiang medical researchers found that the four AIDS victims had been affected after receiving injections of imported blood products.

Soon after, an AIDS research and co-operation group was set up in the province, mobilizing scores of scientists and doctors across the country for the study of clinical diagnosis, Chinese herbal medicine treatment, virus separation and pathology.

They combined Western medicine and Chinese traditional herbal medicine in the treatment of the victims; their "China no.1 AIDS therapy" proved to be effective in improving and adjusting the immunity of HIV carriers.

The researchers also separated the AIDS virus from imported contaminated bloods, for the first time in the world.

CAMBODIA

Health Official Calls for Anti-AIDS Campaign

BK0812062491 Phnom Penh SPK in English
0423 GMT 8 Dec 91

[Text] Phnom Penh SPK December 8—A doctor from the Ministry of Public Health in Phnom Penh has called on people to contribute to fighting AIDS which may have affected some persons in the country.

In an interview with local media workers on the occasion of the world anti-AIDS day, December 1, Dr. Mom Bunheng, who is head of the Epidemic Department of the Ministry, said two HIV carriers had already been reported in Cambodia.

These two AIDS victims were found during the screening of blood donors in Cambodia, according to the Ministry.

They tested HIV-seropositive during recent tests made on 2,500 blood donors, it said.

The doctor quoted the World Health Organization (WHO) as estimating that from 8-10 million people in the world carried HIV by mid-1991 and that 1.5 million of them already developed AIDS.

"About 5,000 people in the world are infected with HIV everyday", he said.

After explaining that AIDS could develop in HIV carriers within 10 years, Dr. Mom Bunheng expressed his concern over the spread of HIV in Cambodia as well as in the world.

HIV virus may be transmitted through sexual relations, blood transfusion and hypodermic injection, he said.

The doctor recommended the use of condoms as a preventive measure.

HONG KONG

Positive HIV Tests Reach 'Record High' in Nov

HK2812062191 Hong Kong SOUTH CHINA
MORNING POST in English 28 Dec 91 p 2

[Article by Helen Signy]

[Text] The number of positive tests for the HIV virus leapt to a record high in November as local people surged to clinics after basketball star Magic Johnson admitted he has the virus and superstar Freddie Mercury died from AIDS.

Eleven new cases were detected by the Government last month, head of the special preventive unit, Dr. Lee Shui-shan, said.

The number of telephone calls to the Government's information hotline last month has double the October figure.

The Government has now recorded 203 people as carrying the HIV virus which leads to AIDS, although Dr. Lee estimated 3,000 to 5,000 people were actually infected.

"In November so many things have happened like Magic Johnson, Freddie Mercury, the establishment of the AIDS Foundation and our training course for nurses, which resulted in more people becoming aware of HIV infection and coming forward for testing," he added.

"I also believe teenage idols can help a lot. Here we don't have Magic Johnson or Freddie Mercury, so if we have some singers who come forward and say they are concerned, it's probably going to help," he said.

The new cases were eight Chinese and three non-Chinese adult men, six of whom contracted the virus through heterosexual sex.

Four were homosexual and the cause of infection in one case was unknown.

One more heterosexual developed full-blown AIDS last month, bringing the total number of patients to 59, of whom 39 have died and six have left Hong Kong.

Dr. Lee said twice as many Chinese people were now being infected as non-Chinese, although many Locals still thought AIDS was a foreign disease.

Local awareness would increase as neighbouring countries continued to see more cases, he said.

It is thought two of the new cases could have caught AIDS in Thailand, where more than half of the prostitutes and drug addicts are widely known to be infected.

"What will affect people is what happens in other countries. Even what happens in Thailand has an impact on us, because people who go there for sex are beginning to worry," he said.

Co-ordinator of local charity AIDS Concern, Ms. Lisa Ross, said awareness about AIDS had risen dramatically during 1991 in Hong Kong.

"Somehow the message is getting through and people are starting to ask questions, but the general knowledge level is still pretty horrific among the local population," she said.

INDONESIA

Health Minister—2,500 Possibly Infected With AIDS

BK1812131091 Jakarta THE JAKARTA POST
in English 12 Dec 91 p 1

[Excerpt] Jakarta (JP)—The number of people infected with the deadly acquired immune deficiency syndrome (AIDS) in Indonesia may be as high as 2,500 or 100 times the reported cases, Minister of Health Adhyatma said here yesterday.

Adhyatma told a hearing of the Commission on Social Welfare in the House of Representatives that the estimate given by experts of the World Health Organization was cause for alarm.

He recalled that a recent meeting with AIDS experts from the Geneva-based WHO, he asked them their estimate if Indonesia had 25 reported "sero-positive cases."

"The experts said the answer was simple. It's one hundred times that figure," Adhyatma said.

"So we have 2,500 sero-positive cases; this should make us even more alarmed," said the minister who last month appealed for concerted national efforts to curb the spread of AIDS.

The campaign against AIDS was launched with health officials running blood tests on prostitutes across the country. The alarm bells were rung when it was found that at least two prostitutes in Surabaya have tested positive.

Other recent reported AIDS cases included a Spanish inmate in Malang and a couple in Bali.

Various government agencies gave different figures of the number of people reported to have AIDS. The Health Ministry last month said 19 have developed the symptoms of which 14 have died and 35 others have tested positive for human immuno-deficiency virus (HIV) which causes AIDS. [passage omitted]

SOUTH KOREA

Ministry Seeks To Deport Nigerian Testing AIDS Positive

SK2112062091 Seoul YONHAP in English 0603 GMT 21 Dec 91

[Text] Seoul, Dec. 21 (YONHAP)—A Nigerian has tested positive for the virus that causes AIDS [Acquired immunodeficiency syndrome] and the Health and Social Affairs Ministry has asked the Justice Ministry to deport him, a ministry spokesman said Saturday.

The unidentified man, who came to Korea in November, is employed by a local manufacturing company, he said.

He was tested at his employer's request. It is not known how he acquired the AIDS virus.

Of 10 foreigners found HIV-positive, nine have been deported.

The ministry tests foreigners wanting to stay longer than 90 days for entertainment purposes when they enter the country, but not tourists, journalists, diplomats or people with work visas.

Number of AIDS Cases Reaches 169

SK0101062492 Seoul THE KOREA HERALD in English 1 Jan 92 p 3

[Text] Two more Koreans tested positive for human immunodeficiency virus (HIV) in December, the Health and Social Affairs Ministry said yesterday.

One of them, identified only as a 30-year-old Choe, was presumed to have contracted the deadly virus after having sex abroad without taking precautionary steps, the ministry said.

Another man, 24-year-old Ko, was known to have been infected with the virus which causes AIDS inside the country, the ministry said.

This has brought to 169 the total number of Koreans who have been tested positive for HIV. Of them, 15 have died and one has left the country.

LAOS

AIDS-infected People, Anti-AIDS Activities Reported

BK0712113791 Vientiane KPL in English 0917 GMT 7 Dec 91

[Text] Vientiane, Dec 7 (KPL)—The result of blood tests conducted during 1991 on 2,658 people in Vientiane has indicated that among them 6 people were found with HIV ("") [character with parentheses as received]. Of the people, 3 were returnees from camps in Thailand and 3 are waitresses, confirmed the National Institute of Hygiene and Epidemiology at a recent meeting here to review its activities on HIV/AIDS control and prevention.

1990 test revealed that only one person was HIV (""). Therefore, so far there are 7 people with HIV ("") in Laos.

The institute has over the years launched several activities against AIDS.

Following the AIDS workshops for non formal trainers held in Vientiane at the end of 1990, the NCCA [expansion unknown] with the collaboration of those non formal trainers who are representatives from the Lao Women Federation in the five districts of Vientiane municipality, high schools, colleges and universities has organized discussions on the topic of AIDS and HIV infection. Each discussion has included a pre and post-test for the basic knowledge on AIDS/HIV of attendees. The total number of attendees reached during these discussions was approximately 11,000 persons.

In September and August 1991, the provincial station of hygiene and (epidemiology discussed) HIV/AIDS for 2,089 students of provincial colleges. Several seminars on AIDS and HIV infection were also held for the provincial health personnel.

In October 1991, 3 meetings on AIDS and HIV infection were organized by the NCCA in Savannakhet Province, with a total number of 422 participants. NCCA in collaboration with the member of the AIDS subcommittee from the military health department has conducted meetings to discuss HIV/AIDS topics among 656 military recruits and soldiers. The seminar was assisted by the embassy of the United States of America in Laos.

In August 1991, a 2-day workshop was organized in the National Institute of Hygiene and Epidemiology to prepare a questionnaire for the rapid assessment of KABP [as received] and conduct a pretest. The number of participants was in total 22.

The Lao radio and television broadcasts have aired programmes on AIDS/HIV information. And the Lao leading newspapers have also published 8 articles on AIDS and HIV infection.

Since the mid of 1991, the NCCA and the laboratory services of the National Institute of Hygiene and Epidemiology have adopted an anonymous testing system for voluntary persons, a pre and post test counselling and a reasonable follow-up for the HIV positive person.

On the 17th September 1991, the NCCA had a discussion with policemen and immigration officers of the Ministry of Interior in order to avoid a tendency of prejudice and discrimination isolation of HIV positive people identified among the illegal returnees from Thailand.

The laboratory-responsible for HIV antibody testing has actively participated in the programme of quality control of WHO collaborating laboratories in Australia and Switzerland in order to increase the performance and accuracy of the testing methods used. Since we have no confirmatory test for HIV, the initial positive samples found in our laboratory were sent to Australia and recently to Thailand for the confirmation.

TAIWAN

Health Department Requires AIDS Tests for Engaged Couples

OW0612093791 Taipei CNA in English 0819 GMT
6 Dec 91

[Text] Taipei, Dec. 6 (CNA)—A test for the HIV virus will be part of the tests for men and women before they get married, and any one who wishes to get a clean bill of health can go to the 75 authorized hospitals across the country for free tests, the Department of Health (DOH) said Thursday.

Currently around 14,000 men and women have a package of pre-nuptial health tests made every year, and the department is planning to provide a 1,508 NT [new Taiwan] dollar subsidy for each test so human immunological deficiency virus (HIV), B type hepatitis and blood cell tests can be included.

DOH said that the number of HIV virus carriers continues to rise, and AIDS patients are no longer restricted to such high-risk groups as homosexuals, it is time for more active measures to be adopted to prevent the spread of the deadly disease.

THAILAND

Use of Troops as AIDS 'Guinea Pigs' Discussed

92WE0066A Bangkok KHAO PHISSET in Thai
7-13 Oct 91 pp 24, 25

[Article by Uaiphon Taechutrakun: "Thai Recruits, AIDS Guinea Pigs: The Risks Overshadowed by Interests"]

[Text] One section in the bible states that the towns of Sodom and Gomorrah, which were located along the Nile River, were inhabited by sinful people and so God punished them by destroying them. A statement heard today is that the disease that is annihilating people is AIDS. People have not yet found a way to stop this scourge. All that those who contract AIDS can do is wait to die. Researchers are looking for a drug to treat this disease, and people throughout the world are waiting, hoping that they will succeed. But before that day arrives, many tests will have to be done. And this time, the testing ground has turned to the Thai Army.

It's said that the first name thought of by researchers looking for a testing ground for their drug is "Thailand." This is because Thailand now has many things, and it is very attractive to these people. That is, Thais are easy-going. As a result, tests can be conducted here both openly and secretly. Dr. Redfield, who is with the U.S. Army, has expressed a desire to test the drug Protein GP 160 in Thailand, particularly in the Thai Army. Last year, he made contact through the Army Medical Department. But this came to light only after General Narudon Detchapradit asked why they had to test this drug using Thai soldiers. He asked why they didn't test it on American soldiers in view of the fact that this drug was developed by an American. The answer given by one human rights activists was that Thailand's human rights standards or laws are not as tough as those of the United States. Using Thais as "guinea pigs" is much easier. To date, many tests have been done. It's just that the people involved were not aware that they were being used as guinea pigs, because those conducting the tests did not tell them.

"They told them that they were injecting them with a vaccine to protect them against malaria and that they had to get another shot in a month. That was all it took to conduct the tests. And another important attraction was the compensation paid these people," said a person who was involved with this project to KHAO PHISSET.

But KHAO PHISSET has learned that Dr. Redfield contacted people here around the middle of last year. The director of the Army Medical Department at that

time was Lieutenant General Phinyo Siriyaphan. He was in favor of this and made an effort to have this project implemented as soon as possible. But this project came to a halt when he left earlier than normal as a result of a conflict over a transfer. The United States will have to be given an answer by next January. The project will get underway in March if the Army agrees.

Dr. Redfield conducted a test in June 1991 in the United States. But it will be another 18 months, or around December 1993, before the results of that test are known. But he has asked to test this drug on Thai soldiers. He has supposedly asked to test this vaccine on 100 soldiers who do not have the AIDS virus and 30 soldiers who have the virus. The test will take only one year. Those who agree to participate as guinea pigs will be given a life insurance policy. The question that arises is, Why does it have to be Thai soldiers?

What facilitates the tests, which requires evaluating the results and monitoring the people injected with the vaccine, is that these are soldiers. These people are well disciplined, which is a "spec" that has been mentioned by the researchers. And if tests are done, it's certain that lower ranking soldiers, who are called "novices," will be chosen to serve as guinea pigs. And it won't be difficult to get them to sign the consent forms. If they are ordered to do so by their superiors, they will obey immediately.

A person who is well informed about this said that the main reason why Dr. Redfield wants to conduct tests in Thailand is that if the tests achieve results, it will be possible to produce the vaccine and use it worldwide. But if the tests are done elsewhere, such as in African countries, which are third-world countries, too, it won't be possible to use the vaccine worldwide. This is because Thais are not a "pure" race. There has been much crossbreeding and so it would be easy to sell this vaccine, which would earn the producers a fortune.

Dr. Redfield, who traveled here and met with officials from the Army Medical Department, had great hopes of being able to use the Army as a testing ground. Moreover, people with the power to make a decision on this traveled abroad using funds provided by him. This increased his confidence. But that was the situation prior to 1 October 1991.

A news source close to the deliberations on this project told KHAO PHISSET that the longer that this drags on, the less likely it is that we will cooperate in testing this vaccine. This matter has been discussed, but no progress has been made in getting the Medical Department to issue a proposal on this project. If the committee of the Medical Department agrees with this, it will have to submit the matter, in order, to the RTA CINC [Royal Thai Army Commander in Chief], the Medical School, and the Ministry of Public Health, which is directly responsible. Each step will take much time. It will probably be January 1992 before a decision is reached. The batch of this drug that was produced is about to expire.

The reason why those considering this matter have not yet reached an "agreement" with the United States is that in the future, the healthy people who are given this vaccine will test positive for the AIDS virus if they have to take a blood test for a job or for some other reason. It will be difficult for them to tell if they have tested positive because of having received the vaccine or because they actually do have the AIDS virus. Moreover, the drug has been tested on Americans for only a very short period. There may not have been time for any complications to appear. No one knows what the results will be in 10 years. Normally, in conducting such tests, the subjects must be monitored until they die. Those conducting the experiment then draw conclusions. Another point is that those infected by the AIDS virus may live another six years. But if they are given this vaccine, they may die even sooner. These are the things that are being considered by those who must make the decision on this.

If those who are considering this matter decide not to go ahead with this, that will be the end of the matter. People close to senior people feel that there is little chance that this project will be approved. At a time when the image of the military in general is bad, this project, which directly concerns the military, will be viewed with suspicion by outsiders. And those with the power to make the decision are probably still asking, Why Thailand? The answer to that probably has to do with the huge profits to be made from selling this drug worldwide once the drug is tested on people here.

Doctor Views AIDS Ramifications, Trends, Reactions

*92WE0121B Bangkok SIAM RAT in Thai 27 Oct 91
p 4*

[Article by Dr. Chumsak Phruksaphong]

[Excerpts] In the end, the attempt to use resolute measures to solve the AIDS problem in Thailand by implementing a compulsory law met with failure. The subcommittee considering the AIDS control draft act, which was chaired by Saisuri Chutikun, decided that there was no need at this time to implement a law to control the spread of AIDS in Thailand. [passage omitted]

I am referring to those Thai men who like to "fool around" and who have turned Thailand into the sex capital of the world. [passage omitted]

There is clear evidence indicating that men are 17.5 times "better" at spreading AIDS than women. This is another reason for seeking ways to control the sexual activities of Thai men.

Let's look at the AIDS situation as of 30 September 1991. Thailand had a total of 172 people with full-blown cases of AIDS, and there were 436 people with AIDS related symptoms. There were 33,832 people with the AIDS virus. This last figure is just the number who have tested positive and who have been reported to the

Epidemiology Division of the Ministry of Public Health. A rather low estimate is that approximately 200,000 people will have the AIDS virus by the end of this year. This number is expected to increase to 1.3 million by the year 2000. And by the year 2000, the number of people with full-blown cases of AIDS will increase to 350,000.

The economic effect of this will be very great. Estimates based on data from the Epidemiology Division show that in 1992, Thailand will have at least 5,000 people with full-blown cases of AIDS. If each of these people is treated from the time he contracts the disease until he dies, it will cost at least 5 billion baht, or approximately one-third of the total budget of the Ministry of Public Health. This does not include the other costs of preventing and controlling AIDS. This will definitely have an impact on the ministry's ability to monitor and control other diseases.

An effect on the economy that cannot be seen but which is still very important is the "opportunity cost" of those who have this disease. Besides the fact that they will not be able to work and earn money, they will use huge amounts of public funds. [passage omitted]

Then there is the issue of mothers and children. In Chiang Mai Province, which is the province where the spread of AIDS is the most serious, it has been found that one out of every 25 women who are pregnant have the AIDS virus. (In the rural areas of the north, one in 10 men has the virus.) This means that huge numbers of infants will be born with the AIDS virus, because there is a 20-40 percent chance of infants contracting the virus. [passage omitted]

There have been reports that youths with AIDS-infected needles are stabbing villagers with these needles at the markets. These reports are causing much concern among the people. Senior people from various units have had to come forward and tell the people not to worry, because there is little chance of them becoming infected. When trying to control AIDS, they tell people not to use dirty needles to inject drugs, because they will become infected with the AIDS virus. But when people are stabbed with needles, they tell them not to worry, that their chances of becoming infected are very small. [passage omitted]

I am not really worried about people being stabbed by a needle and contracting AIDS. What worries me is that those with the AIDS virus will become mentally disturbed and become resentful toward society because they contracted AIDS. They may react in various ways. Even though these people are to be pitied and even though they should not be punished, in practice, if a person is suspected of behaving differently like this, they should not be allowed to mix with other people. Steps should be taken to detain them and change their behavior.

Malaysia, a neighbor of ours, has an AIDS problem, too. For the most part, this stems from the fact that Malaysian men have sex with prostitutes in Thailand and take the virus back home. It's my guess that if it wasn't afraid

of the political consequences, Malaysia would have closed the border and forbidden Malaysians from entering Thailand. Those people come here for the purpose of visiting a prostitute. The Malaysian minister of public health is seeking measures, such as requiring those with the AIDS virus or those in high risk groups to carry an ID card. One stern measure is to build a detainment center for people with AIDS. The president of the Malaysian Medical Association has publicly opposed the measures proposed by the Malaysian minister of public health. He thinks that the best way to fight AIDS is to educate people and provide advice. [passage omitted]

I don't understand why the subcommittee considering the AIDS control law still feels that Thailand doesn't need a law. When will they think that this is necessary? Probably when their family members contract AIDS.

Army Officer on Northern Conscripts' AIDS Incidence

92WE0120A Bangkok BANGKOK POST in English
31 Oct 91 p 3

[Article: "200 Army Conscripts Found To Be AIDS Carriers"]

[Excerpts] More than 200 conscripts in the Third Army Region have tested positive for the AIDS virus.

Third Army Region public relations officer Lt.-Col. Banyong Sirasunthorn said yesterday that more than two percent of about 10,000 conscripts in the 17 northern provinces have the Human Immuno-deficiency Virus, the initial stage of AIDS.

Five percent of privates in Chiang Rai and Phayao alone tested HIV positive, he said, adding most of these had sexual intercourse with prostitutes in their local provinces. [Passages omitted]

Third Army commander Lt.-Gen. Pairote Chantaurai in Phitsanulok tomorrow will chair a meeting of local authorities on AIDS dangers and how to prevent the virus spreading. [Passages omitted]

Songkhla Officials View AIDS Economic Impact

92WE0121A Bangkok SLAM RAT in Thai 1 Nov 91
pp 1, 16

[Excerpt] [passage omitted] A report from Hat Yai District, Songkhla Province, stated that on 31 October, Police Colonel Manot Kraiwong, the provincial police superintendent in Zone 2, Songkhla Province, and Mr. Niwat Sawatkaeo, the district officer in Hat Yai District, held a meeting with brothel owners in the district. This meeting, which was held in the auditorium of the district headquarters, was attended by approximately 140 brothel owners.

Mr. Niwat said that Hat Yai District is coming under strong criticism from abroad concerning the AIDS situation. It is essential that all sides cooperate in solving the problem in order to bring about order and improve our image. This is because we want Malaysian tourists to come to Hat Yai as in the past. Prostitutes are coming under attack concerning the AIDS problem. Thus, it is essential that everyone cooperate in controlling this disease. Also, steps must be taken to ensure that tourists are not exploited and that they do not exploit us.

"All parties must formulate measures and cooperate, because business in Hat Yai is now very depressed. Even though prostitutes are violating the law, prostitution is a fact of life in every society. We must be willing to compromise. It's impossible to eliminate prostitution. Thus, measures must be implemented to control AIDS. Our policy is to place condoms in every hotel room, but that creates a problem with respect to our image. And hotel owners have not cooperated. We must help each other and not act like that. If an official takes a bribe from a brothel, please inform me immediately so that we can get rid of that individual."

Dr. Channarong Kuakowitchai, a medical control expert with the Zone 12 Venereal Disease Center, Songkhla Province, said that the AIDS situation in Songkhla Province is very serious. There are now 33,822 people with the AIDS virus, and of these, 172 are full-blown AIDS cases. AIDS has spread to 24 families. Most of those who contract the virus do so through sexual encounters.

"Nationwide, approximately 300,000 people have the AIDS virus. The way to solve this problem is to cooperate in preventing this disease. Prostitutes must use condoms, and they must require their customers to use condoms. Everyone must operate in the same way, particularly the brothels." [passage omitted]

Health Official Discusses AIDS Vaccine Tests

*92WE0150C Bangkok DAO SIAM in Thai 1 Nov 91
pp 1, 8*

[Excerpt] [passage omitted] Dr. Thira Rammasut, the deputy undersecretary of public health, talked with reporters about the reports that the World Health Organization will use Thailand as one of the countries to test an AIDS vaccine. He said that before this vaccine can be tested on Thais, this must be first be discussed by the Ministry of Public Health. The first step will be to test it on animals. Laboratory tests have shown that this vaccine can prevent AIDS. Once the vaccine has been tested on animals, it will be tested on Thais. This vaccine has already been tested among various groups of people in the United States, and the results of the tests have been good. Thus, the drug must be tested on people in other countries in order to see if the drug can prevent AIDS.

Dr. Thira said that before this vaccine can be tested on Thais, there must be clear data showing the results of the tests conducted in the United States. Once we have the

various data, there must be criteria. These must be presented to the ministry's committee for consideration. It must determine if things were done properly and in accord with the criteria that we set. Only then will we permit the vaccine to be tested on Thais. Our first consideration must be the safety of Thais. We must monitor the tests closely and protect the rights of those on whom the drug is tested. We won't simply allow tests to be conducted and allow Thais to become guinea pigs. The ministry has various criteria. We won't allow Thais to be guinea pigs who don't know that they are being used to test the drug.

Dr. Thira said that if Thais discover an AIDS vaccine, the drug will have to go through the same series of tests. It will have to be tested by various committees just like foreign drugs. If a Thai discovers an AIDS vaccine, he should contact the Department of Communicable Disease Control in order to determine if the drug really can prevent AIDS. It will have to be tested on animals. Those who say that they have discovered an AIDS vaccine cannot simply advertise its effects. If they really have found an effective drug, they should have it tested to ensure that it is safe for use by people with AIDS.

Dr. Thira said that the World Health Organization has already contacted Thai officials. This matter has been submitted to the National AIDS Coordinating Committee for consideration. It will consider the results of previous tests and decide whether the drug can safely be tested on Thais. The matter will then be submitted to the prime minister, the chairman of the National AIDS Committee, who will consider whether the drug should be tested on Thais. We are monitoring things very closely. People can't simply come here and test drugs. The testing of this AIDS vaccine will probably take 10 years before the results are known. It will probably take about a month to make a decision on whether to allow testing on Thais. This must be considered very carefully. If it is decided to allow the vaccine to be tested here, various programs will have to be submitted. We can't rush to test this drug. The Ministry of Public health won't allow that. This is just the initial step. Nothing has been done yet. We must first decide whether to allow them to conduct the tests. Those who are tested must volunteer to be tested. No one can be forced. And this must be done in accord with international human rights.

Epidemiologist on AIDS Vaccine Experiment

*92WE0121C Bangkok SIAM RAT in Thai 3 Nov 91
pp 1, 16*

[Excerpt] [passage omitted] In his capacity as chairman of the National Epidemiology Committee, Dr. Prawet Wasi talked with reporters at the Asia Hotel on 2 November about the "testing of an AIDS vaccine in Thailand." He said that the U.S. Military Medical Research Institute has presented concrete data on AIDS prevention and wants to test the vaccine in Thailand. The Military Medical Research Institute is now testing this vaccine in the United States. This requires going

through many steps, which will take a long time. The institute wants to test the vaccine in several countries throughout the world.

Dr. Prawet said that the reason for testing the vaccine in Thailand is that the AIDS virus differs from country to country. A vaccine that is effective in one country may not be effective in another country. The same is true for Thailand. A vaccine that can be used in another country may not be effective here. Thus, tests must be conducted in Thailand. Moreover, Thailand does not have the capability to produce a vaccine of its own. We must rely on other countries to help us produce a vaccine. We can then test it here to see how effective it is in Thailand.

The chairman of the National Epidemiology Committee said that in any event, there are many things that must be done before this vaccine can be tested in Thailand. The Military Medical Research Institute must present concrete data on the AIDS problem to committees in Thailand and the United States and to the World Health Organization so that the ethics of conducting tests on humans and the safety and efficiency of the vaccine can be considered before any tests are conducted.

"Thus, in considering whether to test this drug in Thailand, Thais won't be guinea pigs. Such talk is an insult to the Thai people," said Dr. Prawet. He added that before any tests are conducted, we must study things to determine which group of people to test the vaccine on. In any event, the subjects must be well-educated people who understand the problem and who have volunteered to do this. No compensation will be paid. This will be done in an ethical manner. Studies done in Thailand have shown that this can be done, because medically, we are ready, and we have sufficient data.

Dr. Prawet also talked about how this will benefit Thailand after the tests have been conducted. He said that this will lead to the development of a vaccine to prevent or treat AIDS. Those with AIDS will be the first to receive this vaccine. Concerning this matter, the National Epidemiology Committee will appoint experts to study the data in detail once more and have them present their findings to the Ministry of Public Health, which is handling this matter.

A reporter asked if it is true that the Thai soldiers who are cooperating with the U.S. Military Medical Research Institute and the Thai military are using draftees as guinea pigs. Dr. Prawet said that we can't do this on our own. This must first be approved by the World Health Organization. Also, there is a committee that is responsible for monitoring the production of vaccines, and production must be approved by the government. However, those who volunteer to take this vaccine must be in one of the groups that are at risk of contracting AIDS at a hospital. That is, the volunteers must be doctors, because doctors know themselves very well. The volunteers will be divided into two groups, those who have the

AIDS virus and those who do not, said the chairman of the National Epidemiology Committee. [passage omitted]

Trend Rise in AIDS in Military Noted

92WE0120B Bangkok THE NATION in English
2 Nov 91 p a2

[Article by Sirod Sukpinyo and Dom Suwawan: "US Military AIDS Plan Should Be On Government Level"]

[Excerpts] The United States armed forces proposed yesterday that its project to test potential AIDS vaccines on Thai military personnel should be implemented on a government level instead of between the armed forces as earlier planned. [Passages omitted]

Deputy Public Health Minister Dr. Athasit Vejajiva said no matter on what level the project was conducted, it still had to win approval from the ministry's sub-committee on technics and then from the National Committee on AIDS Control, chaired by Prime Minister Anand Panyarachun.

Meanwhile, a senior military officer said yesterday that the number of conscripted young men nationwide who have been infected with AIDS has been rising and will increase about ten times more in the next decade.

The third Army Commander Lt. Gen. Pairote Chanurai, after chairing a meeting on AIDS control in Phitsanulok province, said that the more soldiers became infected with AIDS, the weaker the army would be.

The army had found that the conscripted soldiers whose blood tested positive for the HIV virus came mostly from the northern region.

And the blood tests showed that 2.1 percent of the soldiers from the northern region have been infected with the fatal disease. However, he did not disclose the total number of soldiers who had had the test.

The army's medical department had found out that about 0.5 percent of the conscripted men recruited into the army in 1989 were AIDS carriers. This increased to 2.5 percent and 3.2 percent in 1990 and 1991 respectively, Pairote said, without detailing the entire number of conscripted men each year.

He predicted that if no effective preventive measures were launched immediately, by the next decade the number of AIDS-infected conscripted soldiers would reach 30 percent.

Northern Province AIDS Profile

92WE0150A Bangkok NAEON in Thai 7 Nov 91 p 10

[Text] Dr. Phuchong Wiraphlin, the public health officer in Phrae Province, discussed the AIDS situation in the province. He said that blood tests conducted in the province and tests of donated blood showed that as of 15 October 1991, 1,029 people in the province had the

AIDS virus. Of these, 22 have died, and 1,007 are still alive. Of those with the disease, 483 are prostitutes, 17 are drug addicts, 400 are ordinary citizens, 19 are students, 35 are prisoners, five are homosexuals, eight are infants below the age of one, and 62 are housewives.

As for where these people are concentrated, during the period 1988 to the present, 207 cases have been found in Phrae District, 110 have been found in Sung Men District, 59 have been found in Den Chai District, 76 have been found in Song District, 50 have been found in Wang Chin District, 67 have been found in Long District, 86 have been found in Rong Kwang District, and 15 have been found in Nong Muang Chai District. That makes a total of 670 AIDS victims who come from Phrae Province.

"Preventing and controlling this serious disease is something new for the province. This is a major problem. We must have the cooperation of both the public and private sectors," said Dr. Phuchong. He added that the Provincial Public Health Office has ordered public health officials to ensure that hair and nail clippers are clean and to focus on providing information to the people about the dangers of sexual promiscuity, the use of condoms, and the dangers of using needles that have been used by people with the virus.

Doctor Backs AIDS Vaccine Trial, Mayor Opposes

92WE0149D Bangkok DAILY NEWS in Thai 8 Nov 91
p 3

[Text] At the administrative office in Bangkok on 7 November Dr. Krasae Chanawong, the deputy public health administrator for Bangkok said concerning the proposal of the World Health Organization that an AIDS vaccine be tested in Thailand that he felt that this would help more than it hurt. Those who agreed and are ready and are prepared to act are medical experts and scientists who had to be very careful and make sure that no one was compelled to take part. It had to be voluntary, and a vaccine containing the AIDS virus would not be injected - a protein would be injected instead which would not be dangerous. This vaccine had been used to a certain extent already.

Dr. Krasae also said with regard to experiments with this vaccine in Thailand that there would have to be an agreement to allow experienced Thai scientists to participate in the experimentation and that after the experiment was completed we would have to be allowed to produce and use the vaccine. There would probably not be a problem with regard to the medical patents involved or the purchasing of ideas.

The deputy administrator said with regard to the disagreement of Major General Chamlong Simuang, the mayor of Bangkok, with allowing Thailand to become a guinea pig for this experiment that he was probably speaking about basic principles while in actual practice

there were many details of various agreements to consider which would be advantageous for Thailand. If there were a discussion about this, Bangkok would be ready to cooperate as much as it could.

Before this Major General Chamlong expressed the opinion that he did not agree with conducting experiments in Thailand because it would be like making Thai people into guinea pigs for other countries which had many people of their own with AIDS. He felt that it was very risky to experiment with this vaccine on people.

Interior Ministry AIDS Effort, Budget

92WE0149E Bangkok BAN MUANG in Thai 8 Nov 91
pp 1, 20

[Excerpts] [passage omitted] At 1700 hours on 7 November 1991 at the Interior Ministry R.T. Benchakun Makarathat, a deputy undersecretary of interior, spoke with reporters after a meeting of the AIDS Control and Prevention Committee. At the meeting Mr. Michai Wirawathaya, a minister in the Office of the Prime Minister, gave a briefing about the AIDS situation. R.T. Benchakun reported that in this meeting they were intent on adopting an AIDS prevention and control plan for all the officials affiliated with the Interior Ministry in its 14 departments and seven government enterprises both at the central administration and in the provinces. [passage omitted]

R.T. Benchakun said that at present the AIDS situation was very serious and the disease was spreading a great deal. According to statistics there were about 200,000 people with the AIDS virus. If the situation were allowed to proceed without any attempt at prevention or control, the number of those with the virus would increase to 4 million in less than 10 years. [passage omitted]

He said that they would stress to the government officials and the people that they should stop their sexual promiscuity and change their perception of the danger of AIDS. There was laughter and smiles when he reported that Thai men generally had more than one sex partner and if those with two partners would drop to one and those with three would drop to two, AIDS would be reduced and finally ended. In addition to reducing the number of their partners they should also increase condom usage to 100 percent, which would take care of the problem for sure. As for those with venereal disease the state would have to give them special care.

He said that they would stress this program among those of the people who were ignorant, poor and engaged in heavy physical labor. Statistics indicated that many children had the AIDS virus. If children were not protected, in 20 years Thailand would collapse because everyone in the country would have AIDS. In addition the struggle would include brothels. [passage omitted] This AIDS prevention plan would include plans for the ministry level, the departmental level, government enterprises and the provincial level. More than 400 radio stations would be included as well as television stations,

newspapers and all branches of the mass media. These would help with the people. Individuals would be asked to help also. Mr. Michai Wirawaithaya would have the Universities and schools engage in a poster contest displaying the dangers of AIDS.

As for the budget for AIDS prevention, in its 1992 budget the government provided 3 million baht to Bangkok, 28 million baht to the Local Administration Department, 1.6 million baht to the National Police Department, 3 million baht to the Department of Corrections, 2 million baht to the Department of Labor and 1.7 million baht to the Office of Policy and Planning.

Mr. Michai Wirawaithaya said of the reports about volunteers testing a vaccine to cure and prevent AIDS that in another two years there would be experiments with people but that it would take 10 years for a vaccine to be developed. [passage omitted] He asked the Ministry of Interior to issue a letter requesting the cooperation of brothels and asking them to close for one day.

Chiang Mai AIDS, Condom Use, VD Rates

92WE0149C Bangkok THAI RAT in Thai 11 Nov 91
pp 1, 17

[Excerpt] [passage omitted] We had the opportunity last week to prove whether this project was just good in theory or was actually effective. Those who ran the test made a list of "brothels" in Chiang Mai as well as how much business they did and without knowing how far we had gotten they asked to cover the area of the project beforehand.

Dr. Wiwat Rotnaphityakon, the director of the Office of Communicable Disease Control for area 4 in Ratburi saw clearly that prostitutes were the most important carriers of the AIDS virus. Since it was not possible to prohibit this profession, the way to slow the spread of AIDS was by working hard to have condoms used every time at all brothels, or as this was called, "the project for 100 percent condom usage".

Dr. Wiwat had achieved 100 percent condom usage in Ratburi and had expanded this battle to 10 other provinces, for example in Phitsanulok condom usage had increased a great deal.

In Chiang Mai a survey by the Chiang Mai Province Public Health Office (SSCh.ChM.) indicated that 70 percent of those contracting the AIDS virus contracted it through sexual encounters, and half these contracted the disease from prostitutes. It was also found that 40 percent of the prostitutes in the city of Chiang Mai had the AIDS virus.

Since so many prostitutes had the virus, the Chiang Mai Province Public Health Office worked hard to promote 100 percent condom usage in the province. Dr. Chairat T. Charoen, the assistant to the head public health doctor, said that public health officials and officials of Chiang Mai University, the municipality, the police, the

mass media as well as the governor had cooperated in the 100 percent condom usage project. The project began in 34 out of 109 brothels in the municipal district of Chiang Mai in the areas of Kamphaengdin, Santitham, Loikhro, Tonpho, the sports stadium and the airport. There were 500 prostitutes who participated in the project.

The procedure was to go to the brothels and inform the prostitutes and brothel owners that condoms should be used every time with all customers. It was emphasized to brothel owners that they should be very strict with the prostitutes. And the public health service provided about 100,000 condoms per month free.

During this effort it was discovered that the incidence of venereal disease, which is an indicator of whether condoms are being used or not, fell from 600 cases per month to 200 cases per month or 70 percent. In addition the public health office sent teams of hunters, or rather teams of visitors to check to see if they could persuade prostitutes or induce them with money to have sex without a condom. It was found that 92 percent were not willing to have sex without a condom even though it was demanded and no matter how much of a tip was offered. As for the brothels which did not require condoms, the police were asked to make them understand.

In any case after we had listened to how effective this project was, we went to see for ourselves at the brothels in Kamphaengdin—an area of Chiang Mai well-known to night visitors—to see if they complied and to see what they thought of the 100 percent condom usage program.

Mr. Yaisi, the owner of a brothel in Kamphaengdin who had improved the atmosphere by selling drinks in front of his brothel, allowed himself to be interviewed and said that he had 11 prostitutes and charged 50 to 100 baht per time. He made sure that they all had their guests use condoms each time. There were four to five a day who were not willing to use condoms. They were generally drunk. Yaisi calmed them by asking them to come back another day because today they could not speak clearly. [passage omitted]

Officials React to Malaysian AIDS Fear

92WE0150B Bangkok SIAM RAT in Thai 16 Nov 91
pp 1, 16

[Excerpt] [passage omitted] A report from Songkhla Province stated that a Malaysian daily newspaper that is published in Malaysia recently published a special article on the front page. This article was written by Mrs. Liang Choeng Lan. The article discussed the state's policy, saying that the Malaysian Government has ordered the ministers and deputy ministers of various ministries, the members of the House of Representatives, Senate, and Council of State, and government officials not to travel to Thailand unless necessary. This is because of the AIDS situation in Thailand.

"This report mentioned the government's policy of forbidding people from visiting Thailand. It said that the

government wants to hit the government's targets in fighting and controlling AIDS in Malaysia. AIDS will have a direct effect on the economy and security of the country." Mrs. Liang Choeng Lan also mentioned a statement by Dato Lee Kim Sai, the Malaysian minister of public health. Besides politicians and civil servants, Malaysians in general have been asked not to travel to Thailand unless absolutely necessary. This does not include businessmen, who must travel there on business. Nevertheless, they should definitely stay away from the entertainment spots in Thailand, because the AIDS situation in Thailand is now very serious.

Besides this, the report also mentioned another statement made by the Malaysian minister of public health. This statement said that another problem is that Thai prostitutes are bringing the AIDS virus into Malaysia. International gangs try to bring Thai prostitutes into Malaysia. Concerning this matter, the Malaysian minister of home affairs is trying to formulate a plan to suppress this. The laws will be revised to increase the penalties for this in order to curtail the trafficking in prostitutes. He has called on all Malaysians to cooperate. If they see prostitutes entering the country, they should immediately inform officials, said the report.

Concerning this situation, 1st Lieutenant Pokkhrong Chindaphon, the governor of Songkhla Province, said that it isn't known whether that story was accurate or not. The article has not yet been evaluated. He said that he regularly meets with officials from the Malaysian consulate in Songkhla Province. He will meet with them in order to discuss the truth of this article. Such stories will harm Songkhla Province and Thailand. He said that he plans to send a note to the Malaysian consulate in order to have them inform the Malaysian Government of the facts. Unclear reports about the AIDS situation have confused people. Whenever someone tests positive for AIDS, people automatically assume that the person has AIDS. But a positive blood test could indicate that they have some other disease.

"In this situation, we will have to meet with Malaysian doctors in order to foster understanding. We will also meet with various organizations such as the Tourist Association, the Hotel Association, the Chamber of Commerce, and the Makkhutesk Association in order to look for a way to solve this problem. From what I have observed, tourism in Songkhla Province has not declined. Tourists are still coming here," said the governor of Songkhla Province.

Mr. Songchai Chirachotikamchon, the president of the Songkhla Provincial Tourist Association, said that the association is making an effort to get businessmen to cooperate with each other. Because today, people are acting on their own. Business is stagnating. That is, business has dropped by about 50 percent. Several other types of businesses lack capital. "The reason why I have taken the lead in meeting with various units is to show that we are taking action and want cooperation. The Songkhla provincial Chamber of Commerce doesn't

know what to do. It should look at what is happening close at hand, that is, in Songkhla Province. Or don't these business activities concern the Chamber of Commerce here? I am a member of the Songkhla Chamber of Commerce. At the meeting in March, I will have to speak out on the various problems," said Mr. Songchai.

AIDS Vaccine Testing Discussion, HIV-Positives

92WE0151A Bangkok *THE NATION* in English
24 Nov 91 p b4

[Article by Yongyuth Pahirah, Mukdawan Sakboon: "A Shot in the Arm, or in the Back?"]

[Excerpt] No matter what official statistics say, the AIDS situation in Thailand is worse than most people expected. The epidemic, which two years ago seemed to be confined to only a small group of drug addicts and prostitutes, is now breaking into Thailand's general population.

Health officials are reluctant to reveal anything but a muddy picture. The official number of HIV positive cases runs no more than 50,000, while non-government organizations put it at around 300,000. But reliable medical sources said 500,000 would give a more realistic picture.

So it should come as no surprise (especially for Thai health officers) that Thailand was selected by the World Health Organization (WHO) as one of four countries, including Brazil, Rwanda and Uganda, fit for an AIDS vaccine test, a project that WHO officials say could begin by June next year if things go according to plan.

"If possible, we hope to conduct the vaccine test simultaneously in all four countries WHO has selected," said Dr. George Loth, a WHO official in Thailand. "But, of course, that would mean that the project must receive approval by the host countries' health authorities first," he said.

He added, however, that definite details had yet to be outlined for Thailand.

"We must wait for the WHO team to visit Thailand in January to coordinate with the Thai government and draw up the test protocol. The protocol would then work its way up the channels until approval from the National AIDS Committee and the government. And if things go well, June would be the earliest that the test could begin. So you can see, it's still quite a long way to go before the test would actually be carried out," he said.

About 15-20 people would be involved in the first trial tests conducted jointly with Thailand's Health Ministry. These people, which Loth said will all be volunteers, are expected to be picked mainly from Health Ministry medical personnel.

"This is normal practice for WHO, when conducting a test in a developing nation. Medical personnel, because

of their medical background, tend to have a better understanding of the significance of a medical experiment," he said.

The doctor added that WHO has been eyeing about ten vaccines as possible candidates for the test. Only one, however, will be chosen.

The list includes GP160, a US-manufactured AIDS vaccine that has shown promising results in an earlier trial experiment in the United States. The same vaccine is expected to be used in another less publicized experiment now being worked out between the Royal Thai Army and the US Army.

With a relatively high rate of HIV infection in its rank and file (especially in the Third Army in the North), the Army gave an unofficial nod to the US Army earlier this year when it was approached for the project. US officials admitted that the idea was to get the Thai Army to okay the project first before seeking civilian government approval.

The idea worked. The Armed Forces Research Institute of Medicine (AFRIM) office, a Thai-US Army joint venture assigned by the Thai army to handle the project, said it is polishing the protocol for the project. The protocol, to be finished within a few weeks, will later be submitted to the government for approval. An AFRIM official said if things proceed well, the actual test could begin as early as February next year.

The AFRIM plan calls for 30-50 volunteers to be injected periodically with the GP160 vaccine. The vaccine, manufactured by the Microgene Sys. Co., of the United States, has already been tested on US Army members by the US Army's Walter Reed Institute.

Test results, which indicated the vaccine to have both the ability to halt and to prevent the spread of the virus, have established the GP160 vaccine as one of the most promising AIDS vaccines.

"The test aims to see whether the vaccine would have the same effectiveness with Thai people as it had in the United States. If results are satisfactory, it would contribute greatly to the finding of a preventive vaccine for the AIDS disease and maybe a cure for it as well," said one source close to the project.

Sources said the US Army is preparing a US\$1 million package, including sophisticated equipment needed for this type of experiment. The package, they said, would be for Thailand to keep for later use.

But, no matter what benefits may come as a result, both WHO and AFRIM officials said they will proceed carefully, trying to avoid creating any public resistance to their programme which could make it difficult to conduct the test.

"The test will be entirely on a voluntary basis," said one WHO official. "That is one of the main points the WHO programme follows in all the countries we have selected.

There would be absolutely no force used or human guinea pigs involved," he said.

The same attitude applied to AFRIM, who immediately sought project acknowledgement from senior government officials after WHO broke the news about choosing Thailand for the AIDS vaccine test.

"We first thought to present our project through Defence Ministry channels. We thought that with senior government officials in on this it would be better," said one Thai Army source who did not want to be named.

To lessen resistance even more, AFRIM, like WHO, plans to select medical personnel (including AFRIM staff and possibility staff of the King Mongkut Hospital) as their first test recipients. Next in line would be civilians and Army personnel who had tested HIV positive at King Mongkut Hospital, but only if they decide to volunteer for the programme.

Sources added, however, that aside from full medical attention before and after the test, no financial remuneration would be given.

"It's standard procedure. If we ever did such a thing, it would immediately give rise to the 'guinea pig' controversy," one source said.

But despite their legitimate worries, both organizations might be overreacting to the Thai public's response, which for the most part has been light and surprisingly supportive.

Said Dr. Wirasit Sittitrai from the Thai Red Cross AIDS Programme: "We know that the WHO is now working on setting a standard for an anti-AIDS vaccine testing programme that would be used for tests conducted in other member countries. I think the Thai government should take the standard of the WHO as a guideline before making any decision. But it should also set up its own standard vaccine testing in the country, especially an anti-AIDS vaccine programme."

To avoid the guinea pig issue, Dr. Wirasit added that the people chosen for the programme must be told in advance everything possible about the vaccine including its potential side effects.

"The most important thing is that vaccinees be volunteers. No one should be forced to accept the test, either by misinformation or coercion under the military system. The vaccinees must be told all about the vaccine being tested, and that to have been vaccinated does not mean that they are now "safe" and cannot be infected with the HIV virus," said Wirasit.

Wirasit emphasized that the government must disclose all information about the deadly virus and the vaccine trial programme to the general public.

NGO representatives express a similar view. Most have called for the WHO and the Army to open up the programme to public examination and to provide a clear

and strict description of the test procedures as well as directions on how to handle patients if the project happens to produce bad results.

"They should not only announce the good side of the test, but also any bad effects the vaccines might have," said Chantawipa Apisuk, a representative from Empower, an organization concerned about AIDS in relation to prostitution.

"Furthermore, family members of the volunteers must also be brought in for moral support. And there is still the question of how to test the vaccine's effectiveness for those volunteers in the non-infected group. Will they be asked to test the vaccine's effectiveness by committing high-risk acts? All that will have to be answered and shown to the public," Chantawipa said.

But not all NGOs give the project a positive assessment. Jon Ungphakorn, another representative from an NGO concerned with the AIDS problem said he feels concerned about the Army project, since it would be conducted in an environment where orders are not questioned.

"It makes me wonder why such a project would have to be carried out in the Army, where recruits must take orders without questioning them. And I also question the proposal to test the vaccine on non-infected people, because it might encourage such people to commit high-risk acts, thinking that they are now protected by the AIDS vaccine," he said.

Another expert, meanwhile, said he saw no disadvantage for Thailand from participating in either the WHO or the Army programme.

Said Dr. Prapan Panupark, director of the Programme on AIDS, Thai Red Cross Society: "If the test proves successful, Thailand stands a chance to benefit from the technology transfer involved and even a chance to have a "free" vaccine or, at least, low-price vaccines."

On the other hand, Dr. Nat Pamornprawat, Mahidol University's Rector and a member of the WHO AIDS programme steering committee, said he sees a benefit that most others have overlooked.

"The vaccine trial programme must involve the country in which the experiment takes place, WHO and the firm developing the vaccine. And, in reality, the WHO itself will only take the role of coordinator, to guide the staff of the host country to conduct the test themselves. I think this role is crucial, since there are now firms conducting vaccine experiments in developing countries without the government's knowledge. This is the guinea pig problem. But if WHO comes in and takes the role of coordinator, it would help bring the test into the open and prevent those foreign firms from doing it undercover," he said.

Dr. Nat might have reason to fear. Rumours have been circulating in medical circles that some European drug firms have already started their own clandestine experiments in developing countries in Africa. And Thailand,

with its high HIV infection rate, could easily be among those targeted by such firms.

On Threshold of an Epidemic

According to official Health Ministry figures, Thailand now has about 33,800 people infected with the Human Immunodeficiency Virus (HIV), which leads to AIDS. An unalarming figure when compared to the Thai population of 55 million.

However, most medical experts feel that this figure only hints at how bad the situation has become in Thailand, which now ranks second only to India in the severity of the AIDS epidemic in Asia.

Medical experts, all of whom asked not to be quoted, agreed that instead of the 33,800 figure, the number of people infected with HIV in Thailand might be more in the region of 500,000. That number would probably grow to 2-4 million by the year 2000 if nothing is done by the government to contain the spread.

"The AIDS epidemic in Thailand is going through a critical phase. In 1988, we found the epidemic to be confined mostly to the drug addict group. It then spread to commercial sex workers and their clients in '89 and '90, and now, the epidemic is gaining a hold in the general population," one said.

Telling Figure

One figure, rarely published but telling, is the percentage of newly-pregnant women who have tested HIV-positive. In the past six months, this figure climbed up from 0.6 percent to 0.8 percent of all pregnant women in Thailand, and a stunning 6 percent in the northern provinces of Chiang Rai and Chiang Mai.

"It might seem a very small number," said the same expert. "But consider that it took three years [since 1988] to reach 0.6 percent, and now in six months it went up to 0.8. Basically this shows that AIDS is being transferred from sex clients to their wives. And that means the general population," he said.

Another figure, the percentage of sexually-active people who contract the HIV virus, gives an even more alarming signal.

"This figure for Thailand is only a little over one percent. This may seem small to most people. But as medical experts, we know from past experience in other countries that one percent acts as a kind of threshold marking the stage at which the epidemic will spread very quickly and become very hard to control. For Thailand it is possible that we will see this figure jump to 5 percent by the end of next year," he said.

Many of the experts, however, are still reluctant to say whether Thailand would experience an AIDS explosion on the level of Africa, where 30 percent of the population in some countries has already contracted HIV.

One expert predicted, however, that since Thailand was a lot more advanced in medical science and technology, it would probably not experience a jump in infection rates like those of lesser developed African countries. Still, indications are that health officers' lives are going to become a lot harder trying to fight the disease's spread.

"They will need to put a lot more effort into controlling it, and it won't be easy," he said. [Passage omitted]

MINISTER Discusses AIDS Strategy, Impact
92WE0182A Bangkok BANGKOK POST in English
29 Nov 91 pp 29, 31

[Article by Wasan Dechawongtham who talked to Mechai Wirawaitiya: "A Plan for All-Out War Against AIDS"]

[Excerpts] There is an air of excitement these days in the office of Mechai Wirawaitiya, minister attached to the prime minister's office overseeing the country's fight against AIDS. [passage omitted]

We are off and running," declared the flamboyant minister. "We now have the prime minister as chairman of the national AIDS Committee which has been drafting the National AIDS Programme.... I can say that Thailand has one of the best AIDS prevention programmes in the world."

His enthusiasm is understandable. The latest development is little short of revolutionary, if he can see it through. Probably for the first time, all sectors of society—government, private sector, non-government organisations, educational and religious institutions—will join forces in an effort to tackle a menace which experts predict could bring about a national calamity if left unchecked.

Mechai himself issued a similarly dire warning as a private citizen heading an NGO at a time when the prevailing attitude in the government was to deny the seriousness of the AIDS situation.

The time between September 1984 when the first AIDS cases exploded in Thailand and 1990 was a period of denial, Mechai said.

"While the NGO's had been pushing for action, figures of infected persons were kept low so that people wouldn't think there was a problem," he recalled. [passage omitted]

This group was preparing a national AIDS prevention plan when the February coup took place. Ironically, the person who was pushing for the plan happened to be included in the next government, which accounted for the plan being revived and strengthened.

"I received very strong support from Dr. Athasith," Mechai said referring to Deputy Minister of Public

Health Dr. Athasith Vejjajiva. "Together, we set up a new AIDS committee and convinced the prime minister to be chairman."

Gaining Prime Minister Anand Panyarachun's confidence was perhaps the most significant move, for it enabled the committee to obtain cooperation from all ministries and to acquire additional budget for the first phase of the plan. Within a month, a supplementary budget of 248 million baht had been allocated to be distributed among all ministries for expenses in their individual education campaigns.

Education, Mechai says, is at the heart of the programme. The most important part is the massive public education employing the government media. All 485 government radio stations and five television networks will provide free air time to broadcast 30-second spots of AIDS education messages every hour, he said.

Starting next year, students in all educational institutions from primary schools on up will learn about AIDS as part of their course work and school activities.

"The Ministry of Education has finished laying down the curriculum. We are ready to go," Mechai said, adding that all teachers will be educated on the issue and trained to teach their students on the subject.

Meanwhile, he said officials at all levels in every ministry will also be educated about the disease. Explaining the training process, Mechai said that teams of experts will provide training for key staff in every department.

"Three persons from each department will participate in the training. They in turn will form a cell to train all other staff members in their departments," he said.

For those departments having contact with the public, he said, officials will help disseminate AIDS information to people doing business with them. The Ministry of Interior, being an agency with the most extensive network of offices dealing with the public, will play a major role in this effort.

"The ministry will be developing AIDS education programmes for 65,000 village women's committees, village headmen, and the police force," Mechai said. This will ensure that AIDS education will reach even those people in the remotest parts of the country.

The private sector will be asked to cooperate in making the programme a success, he said. "The private sector can help by providing AIDS education training for their employees. Companies which deal extensively with the public may insert AIDS information material inside the packages in their products. Bank tellers can distribute brochures to bank customers. ATMs can be programmed to display AIDS messages.

Entertainment companies and people in the arts also will have a significant role to play, he added. The Thai motion picture federation has agreed to cooperate fully, he said. Training has already started for actors and

singers—"because people look up to them." Soon it will extend to other people in the industry as well.

"We'll also train live movie-dubbers so they can insert AIDS messages into the movie at appropriate places. They'll know how to do it without messing up the script," Mechai said, becoming more excited as he talked.

"Producers of movie videos have agreed to insert messages in their copies. Movie theatres will show spots without charge. And music cassettes will soon have AIDS messages.

"We may subsidise movies which contain AIDS messages because these are forms of entertainment which draw a large number of people."

Even Buddhist monks will be recruited to lend a hand. Monks will be invited to learn about AIDS so that they may include it in their sermons, Mechai said. In the future, when the number of orphans and abandoned children begins to rise as a result of the disease, temples will be asked to serve as orphanages, since government facilities will be inadequate to handle them, he added.

The education campaign will carry two major themes, Minister Mechai explained. "One is on prevention—what is AIDS, how you get it, how you don't get it, and what to do if you get it. The second one, which is the most important, will focus on understanding, discrimination, human rights, and compassion.

"The campaign will have a very strong human face," he continued. "It will appeal to people to have compassion and understanding for those who are unfortunate enough to be infected."

He said that the programme aims to accomplish three things within the next two years: reduce sexual contacts with different partners by half, double condom use from the current 30 percent to 60 percent, and treat sexually transmitted diseases quickly and effectively. "If we can't do this, we'll have a big problem."

Mechai estimated that it will cost over \$100 million a year to run the programme. But he claimed that if the programme is sustained for the next decade and assuming that extensive behavioural change occurs in the near future, the number of infected people can be reduced by 3.5 million, and \$5.1 billion can be saved.

He said that as of September, an estimated 200,000 to 400,000 people have been infected. "Already, more Thais have been condemned to die today than the number of Japanese killed by the two atomic bombs dropped on them during the Second World War.

"If nothing is done, we'll have two to four million infected people by the year 2000. In that year alone, 180,000 people will become sick, and 160,000 will die from the disease," he said. "That means one out of every three funerals you go to will be funerals of people who die because of AIDS."

The projected levels of illness and death will create a significant financial burden on families and the government, he said. Health care costs for people with AIDS in Thailand are estimated to be \$1,000 per person per year. He said this conservative estimate assumes that care is received in the lower-cost state hospitals, rather than private facilities, without the benefit of expensive drug therapies such as the anti-viral drug AZT.

As it is, the treatment cost represents half of the annual household income for an average Thai family, he said.

Because most of the people infected with HIV are in their most productive years of life, the minister said, a far greater cost to the economy will result from their death.

"We assume that each infected person will lose 25 years of his working life and that he earns an average of \$1,500 per year," he explained. "Taking into calculation a social discount rate of five percent, we'll lose about \$22,000 per person.

"We have roughly calculated that the total annual health care costs plus the value of lost income is to grow from \$100 million in 1991 to \$2.2 billion by the year 2000. Over the ten-year period, we'll lose about \$8.7 billion due to AIDS illness and death."

There is yet another cost to the economy, which he terms the "macroeconomic cost." This is incurred from such factors as the shortage of labour, both in quantity and quality, high absenteeism brought on by illness, and declines in tourism, in export of labour, in land prices, and in foreign investment.

"It'll take time to calculate the total cost. But you can see from this rough estimate how scary it is," said Minister Mechai.

It was this gloomy scenario which prompted him to publicly predict a short time ago that Thailand was facing a catastrophe brought about by the uncontrollable spread of AIDS. Now that he is leading the charge on the lethal virus, he is seeing a different picture.

"We still have a problem, but it is no longer a catastrophe," he said. "AIDS has done its damage here as it has in every country it is visited upon. Whether the damage can be contained depends very much on the leadership. We now have a very good leadership. Our prime minister understands the problem and has decided to take command to minimise the damage.

"I'm confident that we will see positive results in Thailand because we are very serious about our prevention efforts. We've got our budget, and our prime minister is seriously involved. Our dream is becoming a reality."

His confidence and buoyancy notwithstanding, he still has a few hurdles to get across.

Whether his optimism is warranted depends very much on what the prevention programme can do to change a

deep-rooted cultural aspect which he identifies as the primary factor in the spread of AIDS—the “Thai male’s sexual behaviour.” He admits, it is a very difficult task.

“We have to make people understand that they should reduce the number of sexual partners, and that they should use condoms when they have sex,” Mechai said. “We also have to check the rate of venereal diseases because a person with VD has five times greater chance of contracting AIDS.

“We also have a long-term plan to educate primary students to adopt more positive sexual attitudes. If we can’t educate the adults, perhaps we can educate the children.”

His most immediate concern, however, is how to ensure that the programme will survive political changes following each change of government. In other words, how can he ensure that future governments attach the same degree of importance to the issue of AIDS and carry on the programme to its timely conclusion?

His strategy, the minister said, is to create an “inter-ministerial body” which will coordinate work of all ministries at the administrative level, away from the uncertainty at the political level, to ascertain that the programme moves on despite political changes.

To ensure any kind of permanency, it seems he will need a legislation specifically authorising the setting up of such a body. The only problem is that the time he has left in office is fast running out, too short to even initiate legislation, let alone get it passed. [passage omitted]

Drug Addiction on Increase in North

BK0712021191 Bangkok THE NATION in English
7 Dec 91 p A4

[Text] Chiang Mai—The number of drug addicts in the country’s northern region this year has recorded an increase with hilltribes people heading the list.

The Director of the Northern Drugs Treatment Centre, Dr. Annop Wisuttimak disclosed yesterday that this year about 60,000 people or about an 18 percent rise compared with last year, had registered at the Department of Medical Services to undergo treatment for addiction.

Among the 1,876 under care of the northern centre, 1,018 are hilltribes people, Dr. Annop said, adding that over half of them, 822, are being treated for opium addiction. However, the doctor said, the total number of opium addicts at the centre declined by about 12 percent, compared with last year. This was because the drug abusers had switched to heroin instead, especially the hilltribe people. These addicts have also turned to intravenous injections instead of smoking as before.

Although the total number of heroin addicts at the centre was 803, lower than that of opium, it is calculated they

have risen to 30 percent from the last year. Six hundred and seven of them were those from the plains area while 196 were hilltribe villagers.

According to Annop, consumption of amphetamines, alcohol and inhaling volatile solvents is gaining popularity among young northern people aged under 24 as shown by the 28 percent increase in those seeking treatment for the addiction compared with last year.

Among the heroin addicts, 13 were found to have contracted HIV (the human immunodeficiency virus) which leads to the AIDS disease.

The centre had to work harder as it not only has help them to quit consuming drugs but also to provide counselling services to prepare them to return to society.

Nineteen AIDS-infected Babies Die; Hospital Gives Abortions

BK1612022991 Bangkok THE NATION in English
16 Dec 91 p A2

[Text] Almost half of the 40 babies born with the AIDS virus in the state hospital in Chiang Mai province during the past two years have died, a doctor said.

Dr. Wirat Sirisanthana, head of pediatrics at the Maharat Nakhon Chiang Mai Hospital, said on Saturday that 19 of 40 babies who tested positive to the virus after birth had died of AIDS-related diseases.

Four of the infected children were abandoned by their mothers, she said.

The mothers of all infected babies told doctors that they had contracted the virus through sexual contact.

This was an alarming sign of AIDS transmission from fathers, who visited prostitutes, to the mothers and their children, Wirat said.

Most of the infected children died about eight to nine months after birth.

The doctor said the abandoned children were taken into custody by a Public Welfare reception house.

Wirat also begged infected parents not to abandon their newborn children because there was still chance the infants might not contract the virus.

The doctor cited a recent tragedy when a woman committed suicide by drinking poison after her husband died of AIDS. The woman also fed her baby with the poison but doctors saved the child who later tested negative to the virus.

Wirat said she believed more children would be born with the fatal virus next year if abortions were not allowed for infected mothers.

Abortion is illegal in Thailand unless it can be proven that the pregnancy is endangering the life of the mother, or if the mother has been impregnated in a rape.

But the government-run Sirirat Hospital admitted in July that it had been performing abortions for infected women.

The government is drafting legislation to allow legal abortions for HIV-infected women, despite strong opposition from pro-life activists. The activists quoted international specialists as saying that 70 percent of children born to an HIV-infected woman do not develop the fatal disease.

Wirat said the provincial hospital also encouraged parents to take care of their own infected children if the babies had not developed AIDS.

"The families will be much more warm," the doctor said.

The Bangkok-based Children's Hospital said on Thursday that it had been taking care of more than 40 AIDS infected children left behind by their parents.

The hospital director, Dr. Chumphol Wongprathip, said the hospital was facing a serious problem finding enough funds to provide adequate medical care for the infected children who needed expensive drugs.

The Public Health Ministry announced last month that about 33,800 people have tested HIV-positive but medical experts believe the real number might be about 500,000.

Anti-AIDS activists have expressed concern that the number of HIV carriers will swell to 2-4 million by the year 2000 if the government does nothing to contain the spread.

PM's Office Minister Michai Wirawathaya has called for the closure of all sex businesses in the country, citing them as the main cause of the spread of AIDS.

New Office Established To Oversee Anti-AIDS Policy

BK2812023091 Bangkok BANGKOK POST in English 28 Dec 91 p 2

[Text] The National AIDS Policy Committee yesterday approved a proposal to establish a permanent body to coordinate the implementation of the anti-AIDS policy among different government agencies.

The Office for Coordinating the Plan and Policy on AIDS will be placed under the Office of the Prime Minister, according to the PM's Office Minister, Michai Wirawathaya.

The permanent secretary and a deputy permanent secretary for the Public Health Ministry and representatives from other ministries concerned will serve on the administrative body of the office, he said.

Mr. Michai said the committee should also set up a subcommittee on the protection of citizens' rights from unapproved AIDS tests. The subcommittee will draft guidelines on blood tests.

Any blood tests on AIDS conducted as a condition for employment or admission to education institutions or hospitals violate citizen's rights, Mr. Michai said.

Such blood tests could be conducted only in a special case, he added.

Total of 180 People With AIDS Admitted to Northern Hospital

BK0501012092 Bangkok BANGKOK POST in English 4 Jan 92 p 3

[Text] A total of 180 patients with full-blown AIDS have already been admitted to the Maharaj Hospital in Chiang Mai for treatment and the number is increasing, according to Dr. Wichan Witayasai.

The THAI NEWS AGENCY quoted Dr. Wichan, who works at the hospital, as saying that he believes the number of full-blown AIDS cases throughout the country might be 500.

This figure, he noted, differs from that of the Ministry of Public Health which gave a comparatively smaller figure because new cases might not have been reported to the ministry or some agencies might not know who is responsible for filing reports.

He also pointed out that some private hospitals might be reluctant to file reports to the ministry of their AIDS cases for fear their business might be affected if such news leaked out to the public through the press.

VIETNAM

Blood Tests Show 1 Vietnamese, 49 Thai HIV Carriers

BK0512100191 Hanoi Voice of Vietnam Network in Vietnamese 0015 GMT 1 Dec 91

[Article by Tieu Lien in "International Topic" program, reviewing AIDS in the world and international cooperation in Vietnam in anti-AIDS work]

[Summary] "Today, the entire world is worrying about AIDS because of its great danger and no cure for it. AIDS is occurring in every continent and spreading quickly.

"According to WHO, as of October this year, 163 countries discovered AIDS carriers in their countries. WHO also predicted that by the year 2000, there will be 40 million people affected by the HIV virus, including 10 million children, and there will be between five to 10 million AIDS deaths a year.

"In the 90s, AIDS may kill four percent of the population of San Francisco, three percent of New York population, and 15 percent of the population of East Africa and Central Africa. AIDS is a terrible threat to mankind. Many AIDS specialists even call it "the challenge of the century."

At present, many countries have spent a great deal of money to set up anti-AIDS funds in an effort to stop the disease.

Vietnam formed the National Anti-AIDS Committee with WHO's assistance. On 30 November in Hanoi, the Anti-AIDS Committee held a meeting to welcome the World Anti-AIDS Day.

"Speaking at the meeting, Professor Pham Song, president of the National Anti-AIDS Committee spoke about latest information on AIDS in Vietnam. He said that out of 67,600 blood tests, they discovered one Vietnamese and 49 Thai fishermen living in the provinces of South Vietnam infected by HIV. The professor expressed his desire for cooperation in AIDS prevention with all national sectors and levels and international organizations."

Representatives of the UNDP [United Nations Development Programs] and WHO at the meeting stated that they wanted Vietnam to cooperate with the international community in preventing AIDS. They also promised to continue providing financial assistance to the anti-AIDS work in Vietnam.

French Medical Equipment for Institute in HCM City

*BK0412161991 Hanoi VNA in English 1226 GMT
4 Dec 91*

[Text] Hanoi VNA Dec 4—The Pasteur Institute in Paris has presented the Pasteur Institute in Ho Chi Minh City with medical equipment, materials, chemicals and biological products for tests regarding HIV and other viruses.

With the donation, the capability of the AIDS laboratory of the local institute will increase considerably. More-over two experts from the Paris Institute have come to cope with the AIDS problem for two years.

The local institute so far has tested 4,000 blood samples for HIV. One was positive.

HIV can be a potential threat to the Mekong River Delta provinces due to broadening trade with other countries. Medical groups are now covering the region to conduct tests for highrisk groups.

CZECHOSLOVAKIA

'Several Hundred Thousand' HIV Cases Expected by 2000

AU2012160791 Bratislava PRAVDA in Slovak
19 Dec 91 p 3

[CSTK report: "Threatened by AIDS"]

[Text] Prague—"I appeal to all people of goodwill to renew their respect for life, morality, and fidelity and decency in human relationships and to also encourage respect for moral standards in their children. This is the only way we can ward off the tragic vision of the grave danger facing the Czechoslovak population from the AIDS disease." This is what Czech Health Minister Martin Bojar emphasized in a statement just released. Minister Bojar refers to a statistical forecast according to which we can expect several hundred thousand people in the CSFR to become infected with the HIV virus by the year 2000. The virus will mostly occur among young people born between 1970 and 1980. The greatest risk of infection comes from promiscuity, prostitution, and intravenous drug abuse. M. Bojar also condemns all attempts to propagate prostitution and promiscuity and to liberalize the sale of drugs.

ROMANIA

First Congress on AIDS Ends

AU0912085291 Bucharest ROMPRES in English
0841 GMT 7 Dec 91

[Text] Bucharest ROMPRES, 7/12/1991—After three-day debates, the first National Congress on HIV Infection and AIDS concluded in Bucharest on Friday, December 6.

The expositions and addresses made during the congress enlarged upon methods to investigate and prevent the disease, education of the people and of the youth in particular, clinical manifestations in HIV infection and AIDS, methods to protect the medical and nursing staff, efforts to discover a treatment allowing the extension of the span of life of the sick.

The congress ended with an appeal launched by the "Doris" Foundation, a humanitarian society that organized the congress' to all government and non-government institutions urging them to contribute to the application of an AIDS control programme in Romania and to assist the sick.

Data supplied by the Health Ministry show there are 1,557 AIDS cases in Romania, most of them in Constanta County and in Bucharest City.

BRAZIL

Free AZT Projected To Reveal Unreported Cases

92WE0123B Sao Paulo FOLHA DE SAO PAULO
(Fourth Section) in Portuguese 13 Nov 91 p 1

[Article by Aureliano Biancarelli]

[Text] A large number of AIDS patients—the number may reach 1,000 in Sao Paulo State—are going to be forced to come out of “hiding” within the next few weeks. That is the prerequisite being imposed by the Ministry of Health for supplying AIDS patients with AZT survival pills. Physician Debora Barbieri, 40, of the epidemiology section at the AIDS Reference and Training Center (CRTA) says that the “hidden patients” are middle-class men who have become impoverished because of the disease and can no longer finance their treatment on their own.

The race for AZT is bound to cause the number of known and living patients in the state jump from about 4,300 to over 5,000. The CRTA's epidemiology section estimates that from 10 to 20 percent of AIDS patients do not reveal their condition because they fear prejudice. Debora claims that “another 5 percent are not reported because of the shortage of officials and because physicians are so overworked and earn so little that they do not have time to fill out the form.”

The distribution of AZT will begin at five Sao Paulo hospitals within the next few weeks.

The Wellcome Laboratory, which manufactures AZT, sells about 2,000 bottles a month in this country. Each patient consumes up to two bottles every 30 days. Each bottle costs 83,000 cruzeiros.

Of the approximately 80 telephone calls now being received by Disc-AIDS every hour, many are from patients seeking information about what to do to receive AZT. The director of the CRTA medical department, Valquiria Pereira Pinto, says that “people who have the virus but are not showing symptoms are seeking the drug. There may not be enough medicine.”

It is not likely that infected persons who are drug addicts and those living in destitution will report to the public health services, says Dr. Maria Eugenia Lemos Fernandes, director of the state's AIDS prevention program.

AIDS Incidence Through August

92WE0123A Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 18 Nov 91 pp 10-11

[Article by Roldao Arruda and Neldson Marcolin: “Physicians Predict There Will Be One AIDS Case in Most Families in Year 2000”; first paragraph is O ESTADO DE SAO PAULO introduction]

[Text] The WHO [World Health Organization] says that of the 10 million people already infected with AIDS, 75 percent are heterosexuals.

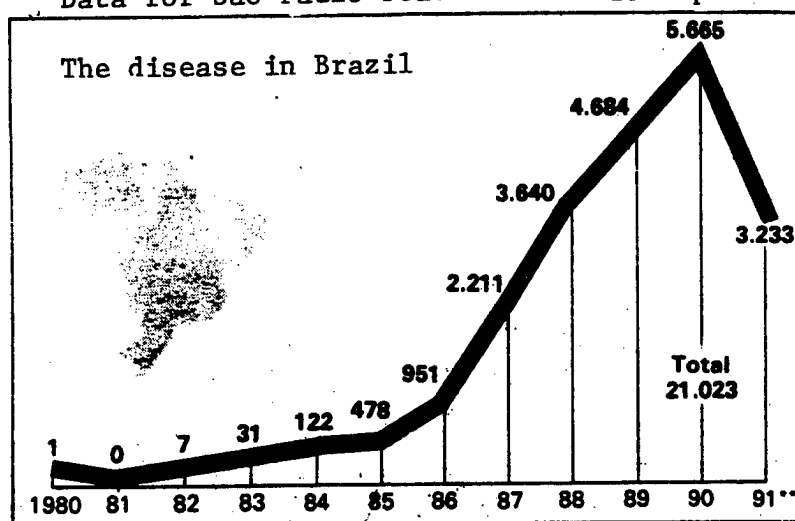
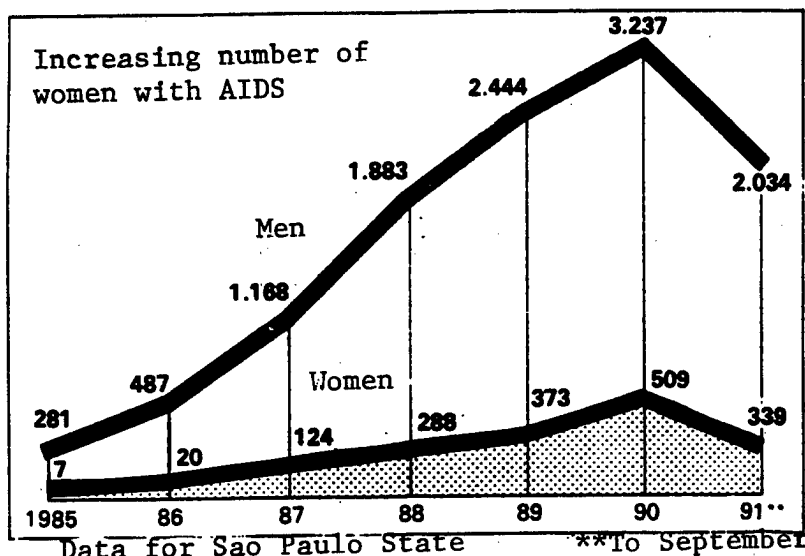
The recent announcement by basketball player Ervin “Magic” Johnson that he was carrying the AIDS virus set off an alarm clock with the power of a bomb. On waking up, the world discovered that contrary to what had been imagined for a decade, it was no longer possible for anyone to consider himself free of danger. According to estimates by the World Health Organization (WHO), 75 percent of those already infected throughout the world are heterosexuals.

In the year 2000, according to the WHO, the number of infected persons will total 40 million, and heterosexuals will account for the same percentage that they do today. “Just as almost every family has a case of cancer or heart disease in its midst, so most of them will have a carrier of the HIV virus by the end of this decade,” predicts oncologist Drauzio Varella of the Syrian-Lebanese Hospital. “AIDS will become the biggest killer among the world's diseases,” confirms Dr. James Chin of the WHO.

It was a slow awakening. From 1980, when the first cases of a disease that destroys its victim's immune system were reported among American homosexuals, until the announcement by Johnson, the risks facing heterosexuals had never been revealed in their true dimension. In 1985, American actor Rock Hudson, who by then had fallen ill, was the first celebrity to draw attention to the spread of AIDS. But because he was a homosexual, his case did not heighten the awareness of heterosexuals.

But thanks to the basketball hero, who made it clear that he had been infected through a heterosexual relationship, the discussion took on new life. In Varella's opinion, Johnson's announcement has been the most important single event in the history of the epidemic. “Johnson has done more for the fight against AIDS than all the campaigns carried out to date,” he says. “He showed the world the true dimension of the disease,” agrees psychologist Jose Roberto Peruzzo, who has lived with the virus for four years and heads the Incentive to Life Group (Givi) in Sao Paulo.

In Brazil as of the beginning of September, the Ministry of Health had counted 21,023 AIDS cases. It is estimated that for every patient, there are 30 infected individuals—nearly 700,000 Brazilians—who may develop the disease in coming years. According to the WHO, 418,000 people have already died throughout the world. Varella says: “The cases of those infected by that first generation of the disease are now beginning to appear.”



Source: Epidemiological Vigilance Center, Sao Paulo SUDS; Ministry of Health ** To August

**More Children Being Born With Virus
(Patients under 15 Years old, in percentages)***

Year	Transmitted by mother	Hemophiliacs	Blood transfusion	Other
1985	0.0	60.0	40.0	0.0
1986	0.0	30.0	60.0	10.0
1987	42.6	31.5	24.1	1.9
1988	63.9	4.1	22.7	9.3
1989	68.5	12.0	13.9	6.5
1990	75.6	9.8	9.8	8.7
1991**	85.5	0.0	8.6	8.7

* Data for Sao Paulo State.

** To September.

Intravenous Drugs Chief Means of Transmission Among Men*
(means of infection, in percentages)

Year	Homosexual	Bisexual	Heterosexual	Drugs	Hemophiliacs	Transfusion	Under investigation
1985	61.5	26.2	2.7	2.3	1.5	1.2	4.6
1986	58.2	24.1	4.6	5.6	1.7	1.2	4.6
1987	50.5	17.4	5.4	14.5	1.7	3.7	6.7
1988	43.3	15.9	6.2	22.1	1.3	2.6	8.6
1989	39.3	14.8	8.0	26.1	0.9	2.2	8.7
1990	33.4	12.8	7.5	33.8	0.8	1.3	10.3
1991**	30.4	13.2	9.6	35.2	0.7	1.2	9.8

* Data for Sao Paulo State.

** To July.

Sexual Relations Second-Largest Cause of AIDS Among Women*
(means of infection, in percentages)

Year	Sexual relations	Drugs	Transfusion	Under investigation
1985	66.7	16.7	16.7	0.0
1986	31.3	25.0	43.8	0.0
1987	32.5	46.5	14.9	6.1
1988	27.6	54.7	10.3	7.3
1989	31.2	51.4	8.0	9.5
1990	41.4	46.7	5.5	6.4
1991**	36.6	42.2	4.3	16.8

* Data for Sao Paulo State.

** To September.

Infection Increasing Faster Among Women

Every man and woman who engages in casual sex, regardless of his or her sexual preference, faces the risk of infection with the AIDS virus. According to Michael Merson, director of the WHO's World Program To Combat AIDS, running the risk of engaging in unprotected sexual relations with a casual partner may be a fatal mistake. "Anyone who still thinks the disease is restricted to homosexuals and drug addicts should remember that the number of infected women exceeds the number of infected men in Africa," he says.

The level of infection through heterosexual relations has been rising sharply all over the world. In France it rose from 6 percent of all cases in 1986 to 9.3 percent last year. That is similar to the situation in Brazil. In Sao Paulo, which is the state most affected by the disease and the one with the most accurate data on the subject, the number of infections through heterosexual relations accounted for 2.6 percent of the total in 1985, but is now up to 9.6 percent.

According to data from the AIDS Training and Reference Center (CTRA), which is run by the state Secretariat of Health, the progress of the disease among women is striking. In 1985 there was one infected

woman for every 40 men. In six years, that ratio has become one woman for every six men. This means that women now account for 14.2 percent of all those infected—whereas in 1985 they accounted for only 2.4 percent.

According to Merson of the WHO, the rise in the number of infected women is explained by the fact that they are more susceptible to infection by a man who has the virus than the reverse. According to his explanation, the concentration of the virus in the vaginal mucous membrane is more dangerous than its fleeting presence on the male organ. In Africa, which is the continent hardest hit by the disease, the number of women carrying the virus is already 5 percent higher than the number of infected men.

Preventive measures: Health specialist Elizabeth Arevolo of the CTRA points out that homosexuals are now being more careful than heterosexuals when it comes to preventive measures. That would help to explain the drop in the percentage of infections due to homosexual relations.

In 1985, the chief means of infection among male carriers of the virus was homosexual relations (61.5 percent of the total). Today the number of infections

occurring in relations of that kind has dropped to 30.4 percent of the total. During the same period, on the other hand, infections among individuals using intravenous drugs has risen from 2.3 percent to 35.7 percent of the total.

The Brazilian situation is one of the most disturbing in the world. "The WHO's attention is currently centered on a few countries such as India, Thailand, and Brazil," says health specialist Maria Eugenia Fernandes of the CTRA. According to Maria Eugenia, what those countries have is a dangerous combination of large population groups and a low level of information, a situation that favors the rapid advance of the epidemic.

Statistics from the Ministry of Health reveal that advance. In 1980, when the disease arrived in this country, only one case was recorded. Five years later, in 1985, the number of patients was already up to 478. Last year the ministry received notification of 5,665 cases in an escalation that gives no signs of stopping. In just the first eight months of this year, 3,233 new cases of AIDS were reported.

Collor Urges Nation To Combat AIDS

92WE0160C Rio de Janeiro O GLOBO in Portuguese
28 Nov 91 p 8

[Text] Brasilia—Following the recommendation of the World Health Organization [WHO] and impressed by the projections of the Ministry of Health, which points out that Brazil is in danger of reaching the year 2000—only eight years away—with 1 million AIDS patients, President Fernando Collor decided to take personal command of the work of AIDS prevention.

Yesterday he taped a statement to the nation, which will be aired Saturday night on radio and television. Sounding the alert, Collor will say that the only way to prevent this catastrophic picture—by reducing the number of cases from the projected 1 million to about 100,000—is to initiate serious prevention measures and engage the entire society in this effort.

The statement was suggested by the WHO, through Michael Merson, director of the WHO's World Program for AIDS, in an interview with O GLOBO on 18 November, in which he pointed to Brazil as one of the problem countries with regard to AIDS. Collor will invite the public to watch a video tape produced by the Health Ministry, which will be aired on Sunday morning over network television, presenting the standards for individual prevention and urging the municipal governments to form municipal AIDS commissions. The president will also announce the creation of a National Council on AIDS prevention, which will be chaired by Pele.

In one of the most recent dispatches to the president, Health Minister Alcení Guerra presented the AIDS projections for the end of the century in Brazil. Shocked,

Collor decided to follow the WHO's suggestion and ordered Alcení to give first priority to AIDS combat and prevention.

"With the creation of the municipal AIDS commissions, our intent is to decentralize prevention and combat, delivering the educational and consumer materials to the municipal governments for distribution. The Health Ministry campaigns will simply support the work of the health officers," Alcení Guerra explained.

By the end of this year he hopes to have 3,000 municipal commissions, in addition to the already existing state commissions, and including the 700 municipios where verified AIDS cases have been reported. In 1992 the goal is to cover all the Brazilian municipios.

With the data supplied by the Health Ministry and the WHO, Collor will demonstrate the nation's AIDS situation. There are about 500,000 carriers of the AIDS virus and 10,000 patients in treatment. About 10,000 people have died of the disease in this country.

Existing Data on AIDS May Be Invalid

92WE0160A Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 1 Dec 91 p 20

[Article by Daniel Hessel Teich]

[Excerpt] On the World Day of Struggle against AIDS, those responsible for the AIDS figures in Sao Paulo report a new problem. The statistics on the progression of the disease in the state may be worthless. Underreporting and the consequent increase in cases in which the means of transmission is unknown or still under investigation could jeopardize the way in which the data are currently tabulated.

The revelation comes at a time when the Brazilian authorities agree that there is a crisis. Last evening, President Fernando Collor made a 14-minute statement on radio and television, warning that the situation is extremely serious and that the entire population should mobilize. Today Health Minister Alcení Guerra will appear on the networks to answer questions from the public about AIDS. All over the world, events will be held to call attention to the epidemic.

As the WHO (World Health Organization) has done in various African countries where there are no standards for collecting accurate data, the Secretariat of Health may be obliged to adopt new methods for calculating the development of the epidemic in Sao Paulo State. According to Debora Barbieri, a public health physician with the Division of Epidemiological Vigilance of the CRTA (AIDS Referral and Training Center), the figures indicate that in 9.2 percent of the cases the means of transmission is unknown. "If this figure reaches 10 percent, the statistics will cease to be valid," the sanitarian said.

According to the physician, this is the cutoff established by the WHO regarding the model for data tabulation adopted by Sao Paulo in 1981. If the rate goes above 10 percent, the entire system of mathematical calculation and projection will have to be revised.

The CRTA epidemiologists themselves believe that the major problem with the disparity between the official figures and the real number of cases lies in the underreporting. Even though notification of AIDS cases is compulsory, the CRTA estimates that 20 percent of the cases were not entered in the official statistics. "The figure should be much higher," Debora said.

Last week, when the CRTA began distributing AZT, donated by the Health Ministry to public hospitals for free distribution to AIDS patients who were registered and reported, there was an explosion of the demand in several hospitals. Public health service officials supplied the CRTA with lists of patients who had never been reported, exceeding by 150 percent the number of cases computed in the official data.

"Many of the civil servants responsible for reporting cases don't even know how to go about it," Debora declared. The computer which processes the epidemiological data rejects files that are entered incorrectly, and CRTA employees are obliged to recheck all the data. These cases are invariably considered to be "under investigation." [passage omitted]

Government's AIDS Prevention Campaign Criticized

92WE0172A Sao Paulo ISTOE SENHOR in Portuguese
11 Dec 91 pp 50-51

[Text] Well, Brazil really did try to move closer to the countries of the First World and make up for its lag in terms of AIDS prevention campaigns. But the lineup of activities promoted in Brazil on the occasion of the World Day of Battle Against AIDS, celebrated on Sunday 1 December, skidded into a series of memorable gaffes caused either by lack of practice or by unfamiliarity with the subject. In leading cities of the world, demonstrators took to the streets and filled sports stadiums, theater stages, and even art galleries. Leaders in the health field joined artists and athletes at events where the most important thing was to have the kind of popular appeal that can induce the public to participate and learn a little more about how to prevent the disease and overcome prejudice against its carriers. In Brazil, the Ministry of Health opted to employ the clout of television, but weakened it with an old and not very convincing approach, as if all it was doing was filling up free political air time.

First it was President Fernando Collor who, during a statement carried in prime time by all the radio and television networks on Saturday evening 30 November, let slip away a golden opportunity to score a decisive point to change, once and for all, the image of an administration that has yet to show worthwhile results in

the battle against AIDS. Collor spoke about the disease for 18 minutes but never even mentioned the need to use condoms, which are recognized as one of the key weapons against the disease. The whole world talked about condoms in order to explain, straightforwardly, how educational campaigns should be conducted and that using them is one of the safest ways to keep from contracting AIDS through sexual relations. In New York, condoms were distributed on street corners. In Brazil, the word is still banned by a moralism that sees encouragement of the use of condoms as advocacy of birth control.

The Ministry of Health's educational program, in turn, sinned—according to experts—by breaking a basic rule of marketing. It was aired at 0900 on a Sunday morning, an unfortunate hour on a day reserved for leisure and on which most people give themselves the luxury of getting up later. Another slipup starred Health Minister Alcení Guerra himself. By using the term "AIDS sufferer" three times in answering to live questions from viewers, the minister ignored the guidance of enlightened world authorities on the subject. The word "AIDS sufferer" is now seen as stigmatizing and as evidence of prejudice; the words AIDS "patient" or "carrier" of AIDS should be used instead.

The involvement of a president in a campaign of this nature was obviously well-received by all sectors of society. "In no other country of the world has a president spoken on this subject on national radio and television," boasted Eduardo Corte, director of the AIDS Department of the Ministry of Health. However, some representatives of the battle against AIDS found some contradictions in Collor's speech. "The president said it was necessary to be clear, but he himself dodged the bullet by avoiding any references to the use of condoms and touching only generally on the infection of drug addicts through syringes," was the criticism leveled by Dr. Fabio Mesquita of the health department of Santos, the city on the Sao Paulo coastline where the incidence of AIDS cases is the highest in Brazil.

Another poorly directed facet of the Brazilian campaign, in the opinion of Jose Stalin Pedrosa, coordinator of the Brazilian Interdisciplinary Association on AIDS, was the introduction of former soccer star Pele in his brand-new role as chairman of the High-Level Commission on AIDS. "Pele's participation is nothing more than grotesque plagiarism of the American example," Pedrosa points out. In the United States, basketball player Magic Johnson was invited by President George Bush to serve on the National Commission to Combat AIDS after it was announced last month that he is a carrier of the HIV virus. "They wanted to make Pele the Magic Johnson of Brazil," said Pedrosa. "But he has no idea what this epidemic represents and his appeal is fragile since he has no connection with the disease." True, Pele's entry into the battle against AIDS shortly after that of Magic Johnson does smack of a lack of imagination. You have to recognize, however, that world symbols such as Pele

are extremely effective in educational campaigns, and they don't have to be experts on the subject or have any connection with AIDS.

If it is not easy to weigh the positive and negative effects of the mistakes and successes racked up by the Brazilian Government, it is certainly true that the two television programs did not have an impact anything like, for example, the blackout staged in several U.S. cities for 15 minutes on the night of 1 December. In an atmosphere of national solidarity, the lights on buildings and monuments were turned off in cities like Miami, Austin, Chicago, and San Francisco. In New York, even the Manhattan skyline, one of the best-known postcard views in the world, was dark. Only the Empire State Building, the most famous in the city, was kept lit in homage to those who have died because of the AIDS virus. Television, the same means used by the Brazilian Government to publicize its message, spent a lot less time but yielded a lot more shock value: 31 American cable TV stations aired an eight-minute documentary showing that during that exact interval one person was dying of AIDS in the United States.

Equally dramatic demonstrations took over the rest of the world on Sunday. In Bombay, India, children of prostitutes organized a procession to alert the public on the realities of the epidemic and asking, for the sake of their mothers' health, that Bombay men use condoms when having relations with them. In Bangladesh, it was the doctors themselves who took to the streets to warn of imminent danger. In Italy, immunologist Ricardo Aiuti, one of the leading specialists on AIDS, kissed a carrier of the AIDS virus on the mouth to show that kissing is not contagious. In Paris, Act Up, an association of the AIDS-infected and homosexuals, organized a march along the streets of the city in which the main slogan was "AIDS: Time to declare a state of emergency." And in England, as was bound to happen, Princess Diana turned out to be the central character in the commemoration of the date.

Back in Brazil, in Porto Alegre, the AIDS Prevention Support Group (GAPA) set up a kind of cemetery by placing 724 headstones near the Monument to the Expeditionary Force. One mark of progress in the Brazilian campaign, according to Dr. Arnaldo Etzel of the Santos Department of Health, was the shift in the theme of the propaganda against spread of the disease. From now on it is to be based on solidarity and an appreciation for the value of life. Etzel hates messages such as: "You have AIDS and you're going to die," which have encouraged discrimination against carriers of the disease.

Often the victim of that prejudice, Sao Paulo native Carlos Aparecido da Cruz, 31, a former drugstore clerk, summoned the courage to reveal his illness during the video that was broadcast on Sunday. To him, the terrorist health policies originally adopted regarding AIDS must also be blamed for the cavalier behavior of AIDS sufferers. "I even invented a slogan: If you're not careful, the Ministry of Health will get you," he said.

It is estimated that there are now about 700,000 people in Brazil who are infected with the HIV virus. However, the latest notification reported 21,023 cases, which puts the country in fourth place behind the record-setters, the United States, Uganda, and Tanzania. The Brazilian figure is underreported, largely because of prejudice, which is thought to be making many patients conceal their condition as carriers of the virus from the authorities. Now, the requirement to report the disease in order to receive the AZT medicine free of charge (a bottle costs 104,000 cruzeiros and lasts about 15 days) may help to boost the official statistics. Then it will be up to public health campaigns to keep those figures at acceptable levels or even reduce them. Otherwise, the dire prediction made by Collor in his speech could come true: that by the year 2000 there will be eight million carriers of the AIDS virus in Brazil.

Drug Use Spreads AIDS in Sao Paulo Interior

More Use Than Imagined

92WE0179A Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 16 Dec 91 p 10

[Article by Daniel Hessel Teich: "AIDS Following the Drug Traffic Route in the Interior"]

[Text] AIDS has changed the interior of Sao Paulo. Cities proud of their agroindustrial wealth and of a quality of life much superior to that in the capital are now compelled to live with a problem that is growing by the month, reflected in the statistics of the State Secretariat of Health: the increase in AIDS cases provoked by intravenous drug use.

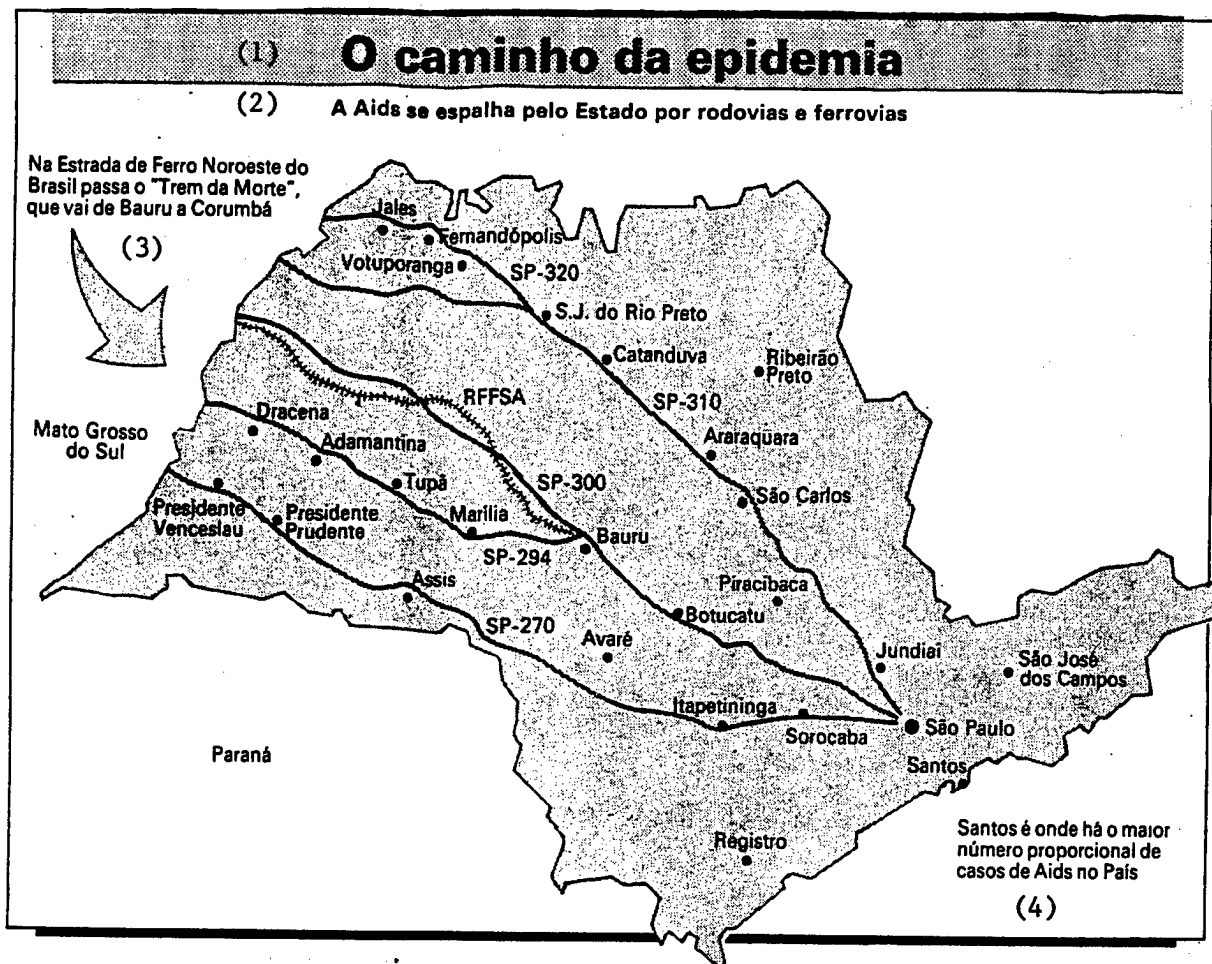
Following in the wake of the drug traffic routes that crisscross almost throughout the interior of the state, this form of infection is attracting the attention of the professionals in the Department of Education and Prevention, of the CRTA (AIDS Referral and Training Center), in the Secretariat of Health. "We are trying to implement a specific program for each region," said Elizabeth Arevalo, a social worker with the CRTA.

"As cases are reported, we are discovering that drug consumption is much greater than we imagined, primarily among the poorer people," declared Ireneu Luiz Maia, chief of the Department of Infectious Diseases of the Sao Jose do Rio Preto Faculty of Medicine.

Strategically located in the northern part of the state, Sao Jose do Rio Preto is close to two of the primary drug pipelines: the Euclides da Cunha and Washington Luiz highways (SP-320/310). The drugs which reach the region enter by way of the Bolivian border and proceed across all of Mato Grosso do Sul.

Open Road

According to Alberto Corazza, delegate of the Division of Prevention and Education, of the State Department of Narcotics Investigation, the Sao Paulo interior is a fertile



Key:

1. The Path of the Epidemic
2. AIDS Spreads Through State Via Highway and Railway
3. On Brazil's Northwest Railway, the "Death Train" travels from Bauru to Corumba.
4. Santos has the largest proportion of AIDS cases to population in the country.

field for drugs because of the large supply and the ease with which they may be obtained. What is also pushing young people into drug consumption, according to Corazza, is the boredom of the life in the interior, as well as the fact that the larger cities are receiving a continuous stream of students from various regions in the state. "The young people have more opportunity to engage in these transgressions," the delegate believes.

With the road opened by the first drug traffickers, AIDS followed when the conventional way of ingesting cocaine was no longer producing enough of a "high" for the users, who were always eager for new experiences. "The problem is that the drug has already reached the poorest population, which is not only using cocaine but has begun to traffic in it," explained Dr. Maria.

According to the physician, who treats AIDS patients at the Base Hospital of Sao Jose do Rio Preto, the basic profile of the AIDS carrier treated in this region is that of a male between 15 and 20 years of age. Such individuals, he said, have not only been infected through intravenous drug use but are also involved in drug distribution.

Ranked Third

The Epidemiological Vigilance Department of the Regional Health Office (Ersa-57) of Sao Jose do Rio preto (which has about 500,000 inhabitants and has the third largest number of AIDS carriers in the state, with 1,770 reported cases as of October) estimates that 48 percent of the cases were the result of infection through shared syringes.

"AIDS is already a part of the daily life of the people in Rio Preto," said Tania Andrade Baron, coordinator of the AIDS Control Program in this city. According to the coordinator, such health units as the Base Hospital and the Santa Casa de Sao Jose do Rio Preto are now admitting AIDS carriers from several other cities, where things are not very different. "Drugs are always the principal means of infection," she said.

HIV Carriers Seek Help

Located in the midwestern part of the state, Marilia attracts patients who seek out the Clinical Hospital maintained by the Faculty of Medicine in that city. According to Aurea Tavares Villagra, coordinator of treatment for HIV carriers in the Clinical Hospital, the problem of intravenous drug use is nothing new here.

Among the countless cases she sees, quite a few are under 16 years of age. "My newest patient is a lad of 13 who began using drugs when he was nine years old," Aurea said. "AIDS has become a big problem in the region."

In Aracatuba, which is near the Marechal Rondon Highway (SP-300) and is also served by the rail line that links Bauru to Corumba (Mato Grosso do Sul), 47.5 percent of the cases of HIV infection resulted from drug use.

The situation is the same in Bauru, where 50 of the 215 reported cases are linked to cocaine consumption, even if some other high-risk behavior is involved, such as homosexual and bisexual relations. At the far west of the state, near the Raposo Tavares Highway (another major link with Mato Grosso), is Presidente Prudente; 64.4 percent of the cases of infection here are the result of sharing contaminated needles. Neighboring Presidente Venceslau has 42 cases, 71.42 percent of which were laid to the same cause.

Profile

The physicians themselves recognize that the profile of the evolution of the disease to date in the interior does not represent the whole picture. "There are many cases that are not reported," said the Marilia physician, "especially those cases involving middle- and upper- class patients."

According to Irineu Maia, of Sao Jose do Rio Preto, this type of patient conceals his disease as much as possible and seeks treatment in the capital, far from his native city. "Even though it has almost 500,000 inhabitants, Rio Preto is still a city in the interior," he said.

Statistics in Santos

92WE0179B Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 16 Dec 91 p 10

[Article by Welfer Freitas: "Santos Said To Have More Reliable Data"]

[Text] During the last three years, the medical authorities in Santos have attempted to explain why the city,

called the "world capital of AIDS," has a larger proportion of carriers of the AIDS virus than any other municipio in the country. According to the specialists, it is because Santos has an efficient notification system.

Epidemiologist Andrew Moss, of the University of California, one of the most respected AIDS researchers in the United States, was in Santos recently and confirmed this explanation, declaring that few cities in the world are working so seriously to monitor the disease. David Capistrano Filho, secretary of health and hygiene, told the Agencia Estado: "We know how many cases there are in Santos because the health service is organized. Knowing the health situation in other large Brazilian cities, we know that they are concealing the truth about the disease."

Physician Fabio Caldas Mesquita, of the AIDS Referral Center, cited a significant example. The notifications of AIDS cases in the first half of the year in Rio de Janeiro City, with 8 million inhabitants, were exactly equal to those of Santos, which has a little over 500,000 inhabitants.

He said this happened because in Santos, unlike other cities, people infected with the AIDS virus have recourse to a specialized polyclinic, a referral center with a staff of 21, a support house, a telephone information service, and the possibility of obtaining a diagnosis anonymously.

Deaths

Mesquita also noted the work of the epidemiological vigilance department in Santos, which is responsible for searching out cases, calling in patients who interrupt their treatment, paying investigatory visits to hospitals and households, and studying the death notices in the registry offices. The AIDS death rate in Santos (68.9 percent) is higher than the average rate in Brazil because of the identification of death certificates that do not mention AIDS as the cause of death but in which the consequences of the AIDS syndrome are reported to justify the death. In these cases, a retrospective study of the cases confirms the presence of the disease.

With 1,866 notifications since 1985, Santos has the largest proportion of cases in the country, in relation to population. The AIDS syndrome has been confirmed in 781 of the notifications; 749 of these cases (95.9 percent) are adults over 15 years of age. The ratio of males to females is 3.27 percent, whereas the national average is 8.35 percent. In 1991, the incidence was 49.78 per 100,000 inhabitants.

In 35 percent of the cases, transmission was sexual, with heterosexual relations (14.6 percent) predominating over homosexual or bisexual relations (13.8 percent and 6.4 percent, respectively). In Brazil as a whole, sexual transmission accounts for 58 percent of the cases, with 31

percent laid to homosexual relations, 14 percent to bisexual relations, and 13 percent to heterosexual relations.

According to Health Secretary David Capistrano, in Santos AIDS is strongly associated with intravenous drug use (responsible for 49 percent of the confirmed cases). It is less predominant among males and is higher among infants who contracted the virus from their mothers.

A study financed by the University of California and conducted by Fabio Caldas Mesquita among 100 drug users in Santos shows that 57 percent of them were infected through shared syringes. Currently, drug users are primarily responsible for the spread of the disease. The study shows that 54 percent of these individuals use other people's syringes and 65 percent of them habitually offer their syringes to friends.

Poor Areas Affected

92WE0179C Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 16 Dec 91 p 10

[Text] When night falls in Sao Jose do Rio Preto, groups of young people on the fringes go out in search of a place to take a "hit" ["baque"]. Armed with a needle, a syringe, and cocaine, they look for a place where there is enough light to discern a vein and water in which to dissolve the drug. It could be in a shack illuminated by candle light or underneath a lamp post. The water may come from a spigot or even from a puddle.

Once the mixture is prepared, in a spoon or a bottle cap, the drug is injected directly into the veins of the participants of the "little get-together." To dilute the solution, they usually extract a little blood from their own veins. The syringe, now called the "little bat" ["morceguinho"] is then passed on to the next in line.

For four years, S.V.S., aged 26, a former domestic worker, devoted her nights to the "hits" which she took with friends. It was in one of these get-togethers that she contracted the AIDS virus, which was detected eight months ago. She has already spent three months interned in the Santa Casa de Sao Jose do Rio Preto Hospital and survives today with the support of volunteers from the city's welfare services.

Shared Syringes

"The drug consumption on the fringes of society is preposterous," said vendor Valdete da Silva Souza, a resident of Vila Elmaz, known as one of the areas most frequented by the drug traffickers in Sao Jose do Rio Preto. After seeing his brother, who was addicted to cocaine, die of AIDS, Valdete now devotes his leisure time to helping AIDS patients. According to Valdete, there are 12 people with AIDS in Vila Elmaz alone. "All of them were infected by using shared syringes," he said.

According to S.V.S., intravenous drug use and the shared "little bat" are inseparable. "The drug is expensive and

in the group, one individual latches on to another's 'scene' when the depression comes," she said. Under the influence of the "hit," the former domestic recounted, it is impossible to think about the cleanliness of the needle or the syringe. "You might think about it in the first round, but after the drug takes effect no one cares any more."

In Marilia, cocaine trafficker J.B., aged 30, discovered that he had AIDS at the beginning of the year. The former soccer player says he does not believe he contracted the disease in a "round of hits" ["roda de baque"]. He prefers to say he was infected during intercourse with a prostitute in the interior of Parana. He does not, however, deny the risks of the "little bat." Today he is taking a mixture of herbs to attempt to cure himself of tuberculosis and he only sniffs cocaine; he does not inject it.

J.B.'s large clientele consists primarily of middle-class youths in Marilia City. "I sell about 300 grams of cocaine a week, at 8,000 cruzeiros a gram," he said. With the profits from his business, J.B. buys pieces of land in the region.

DOMINICAN REPUBLIC

Hato Mayor Official on AIDS Epidemic, Control Efforts

FL2012174291 Santo Domingo Cadena de Noticias
in Spanish 1600 GMT 20 Dec 91

[Text] Dr. Cesar Augusto del Pilar Mola Vasquez, district attorney of Hato Mayor, has called the Public Health secretariat to declare an emergency situation in this town before a death holocaust results from the AIDS virus. The district attorney of Hato Mayor reported that more than 200 individuals are currently suffering from the disease, while 10 others have died of AIDS over the past two year, including two homosexuals. Dr. Cesar Mola Vasquez said that the situation in Hato Mayor is alarming due to the fact that in some homes, up to four members of the same family are infected with AIDS.

The doctor added that he is willing to participate in a medical campaign to identify and isolate all those infected by the illness of the century, AIDS, in Hato Mayor. He added that the situation becomes even more alarming with the knowledge that most of the 200 young men and women infected continue to have sexual relations despite their awareness that they are infected. The doctor called upon the sincerity of the citizens of Hato Mayor to disclose to the public any family member infected with AIDS to avoid further spreading the disease. He also suggested that the local youth marry and have pure relations as instructed by Christian laws. He said that if the daily rate of infection continues, by the year 2,000 there would be more than 10,000 people infected with AIDS in Hato Mayor.

GUATEMALA

AIDS Deaths Total 86

92WE0209B Guatemala City DIARIO DE CENTRO AMERICA in Spanish 26 Nov 91 p 2

[Excerpts] Public Health and Social Assistance Minister Dr. Miguel Angel Montepeque Contreras stated that as of last September 182 cases of AIDS had been detected in Guatemala for a total of 86 deaths, that is, 44 percent.

The greatest incidence of the disease occurs among males, and sexual transmission is the most common, at least in our country.

Following we present an overview of Dr. Montepeque Contreras's statements: [passage omitted]

AIDS in Guatemala

The AIDS problem in Guatemala began with the diagnosis of the first case in December 1984, followed by five cases in 1985, ten cases in 1986, 13 in 1987, 18 in 1988, 78 in 1990, and as of the month of September 1991, 182 cases of AIDS had accumulated, 195 people were asymptotically infected, and 32 were infected with chronic lymphadenopathy, for 86 deaths (44 percent). With respect to gender, of the total AIDS cases, 81 percent are males and 19 percent females, with a ratio of 4 to 1, and the ages most heavily affected are between 15 and 49, comprising 95 percent (174 cases).

With respect to the forms of transmission of the AIDS virus, sexual transmission is the most common, since of the total asymptomatic, AIDS, and chronic lymphadenopathy cases, 89 percent correspond to sexual transmission.

The rate of risk of the Guatemalan population is 4.32 for every 100,000 inhabitants, if we take into account this year's population and the variable infecting capacity of people infected with the disease, with or without clinical signs, and of those who have already died, who could have infected other people by any of the known means of transmission.

The primary causes of death of AIDS patients are opportunistic infections not related to Kaposi's sarcoma or pneumonia from *Pneumocystis carinii* (54 percent); 12 percent of the deaths result from *Pneumocystis carinii*, and 9 percent from Kaposi's sarcoma.

HONDURAS

Eighty-two New AIDS Victims

92WE0184A Tegucigalpa EL HERALDO in Spanish 9 Nov 91 p 4

[Text] Honduras is continuing to see an increase in the number of its acquired immune deficiency syndrome

(AIDS) victims. The epidemiological figures indicate that 82 new cases of the disease were reported in just this month.

The Epidemiology Division submitted a report on the AIDS cases in the country yesterday. From the time the first patients suffering from the disease were reported in 1985 through 1991 thus far, 1,502 Honduran citizens have been infected.

Given the spread of this disease, the Epidemiology Division estimates that 50,000 of our compatriots would test positive for the human immunodeficiency virus (HIV), the difference being these people do not show any symptoms, but are indeed able to infect others.

Honduran epidemiologists have studied 2,320 individuals, of whom 478 are asymptomatic carriers (they do not have the AIDS symptoms, as such), while 340 are patients with AIDS-related diseases.

The infectious upsurge in the disease leads professionals to believe that for each person infected, there are 40 or 50 more who have the virus.

AIDS has taken the lives of 52 Honduran children. The majority were infected with the disease from their mothers, and the others were the victims of sexual abuse.

To date, 520 women have been reported with AIDS (33 percent), while the 982 male patients constitute the other 67 percent. Of all of the victims, 71 percent are between 21 and 40 years of age.

The spread of AIDS is the result of sexual relations between heterosexuals (multiple partners), in particular, so that it has been concluded that 75 percent of the patients acquired the disease through sexual promiscuity.

When the "20th century disease" began to affect Honduras, it was said that only homosexuals had the virus, because the first cases were seen in this group. However, only 5 percent of the cases being reported now come from this group.

The city of San Pedro Sula has had the largest number of cases, with 602 reported victims (40 percent). Tegucigalpa is in second place, with 192 cases (13 percent), followed by El Progreso with 48 (3.3 percent), Comayagua with 43 (2.8 percent), and La Ceiba, with 39 cases (2.6 percent).

Of the patients studied, 1,374 have lost weight, 1,198 report chronic fever, and 1,083 are suffering from chronic diarrhea.

The Epidemiology Division has reported that 620 of the AIDS patients are still alive, while 415 have died, and the fate of 407 other Honduran citizens is not known.

Given the great upsurge of AIDS in Central America, the heads of the epidemiology departments in the six nations

in the area will meet in Nicaragua from 11 to 15 November to draft strategies for controlling the disease.

Epidemiological inspectors are once again reminding Honduran citizens that condoms or prophylactics are the way to prevent becoming infected with AIDS, for which reason they should be used in all sexual relations.

Thirty-three Additional AIDS Cases

92WE0184B Tegucigalpa EL HERALDO in Spanish
17 Dec 91 p 18

[Text] Yesterday the Epidemiology Division reported 33 new cases of acquired immune deficiency syndrome (AIDS). These patients include 23 men and 10 women, and this report raises the number of Honduran victims of this deadly disease to 1,535.

The new group of patients includes two infants under two years of age who got the disease from infected mothers. On the national level, there have been 54 children reported as AIDS patients.

The epidemiological reports indicate that some 500 AIDS patients have died, while some 50,000 individuals who have the human immunodeficiency virus (HIV) are living in our national territory.

Twelve of the new cases were reported in La Ceiba, along with six in Choluteca, five in Copan, four in Comayagua, three in Tegucigalpa, two in El Paraiso, and one in San Pedro Sula.

More than 50 percent of the AIDS cases in Central America have been reported in Honduras. The first four cases were reported in 1985, while 13 were added in 1986, 103 the following year, 189 in 1988, 251 in 1989, and 575 in 1990.

The epidemiological authorities believe that the increase in AIDS patients in Honduras is occurring at a rate of more than 100 percent every year. Four hundred cases have been confirmed in 1991 to date, but the definitive total will only be available at the beginning of 1992.

Epidemiological assistant technician Cesar Antonio Nunez stated that the work done since the first cases surfaced has been intensive. However, the population has still not become aware of the need to use condoms or prophylactics, a practice which reduces the potential for infection by 95 percent.

He noted that campaigns concerning AIDS have been organized, and seminars and workshops have been held to train the health personnel responsible for caring for the patients.

And in conclusion, he urged the people of Honduras to avoid sexual relations with multiple partners, and to use condoms during intercourse.

ST. LUCIA

Majority of AIDS Cases Contracted Heterosexually

FL2001220892 Bridgetown CANA in English
1945 GMT 20 Jan 92

[Text] Castries, St. Lucia, Jan 20, CANA—St. Lucia health authorities reported on Monday that 72 persons on the island had so far tested positive for the HIV virus, which causes the deadly Acquired Immune Deficiency Syndrome (AIDS).

Dr. Michele Ooms, director of the national AIDS prevention and control programme, said the figures, compiled from 1985, included 34 deaths from the disease, which kills by destroying the body's immune system.

Males accounted for a higher percentage of both deaths and persons carrying the HIV virus. Twenty-two males had died from the disease, compared with 12 females. Dr. Ooms said 74 percent of the confirmed HIV cases had contracted the virus through heterosexual activity, with the highest number in the 30-34 age group. Last year 16 persons contracted the HIV virus, and six have so far died, the figures showed.

Dr. Ooms said the AIDS action committee had agreed to publish quarterly bulletins on the AIDS situation here.

EGYPT

Officials Support Law Against AIDS Carriers*91WE0433A Cairo AL-WAFD in Arabic 3 Jul 91 p 3*

[Article by Sabir Shawkat]

[Excerpts] [Passages omitted]

Crime ... and Punishment

Khalid al-Musalmi, first deputy prosecutor of al-'Ajuzah said: "The threat to us now from AIDS patients, especially in the case of the official who deliberately spread the disease among kidney failure patients, comes from the fact that there is no law in Egypt that makes what he did a crime, and we cannot prosecute any patient who repeatedly commits such a crime. Even the African student with AIDS who has now fled into the streets of Egypt—if we caught him spreading his disease among innocents we could not prosecute him because there will be no crime and no punishment unless clearly stipulated by law. Therefore we demand that the Egyptian legislature speedily enact a law criminalizing the spreading of AIDS among law-abiding citizens, and criminalizing as well causing death or threatening death by transmitting deadly diseases in general." [Passage omitted]

"With all the more reason we in Egypt must hasten, now that the danger has begun to threaten us on a large scale, to enact such a law for every Egyptian, because a carrier of this disease threatens any person whether he be at fault or an ordinary citizen. Legislation must also be enacted to quarantine AIDS patients until a medicine becomes available for them in order to protect society from the spread of the disease, since our capabilities do not allow the protection needed.

"The law would come as an expression of prevailing public opinion, which throughout the world, as well as in Egypt, fears the spread of AIDS. Therefore the legislature must respond and enact a suitable law that would protect our people from this deadly disease."

Alternate Law of the Ministry of Health

In the Doctors' Union, Secretary General Dr. 'Abd-al-Mun'im Abu-al-Fattuh said that even though the World Health Organization refuses to list AIDS among the diseases whose victims must be quarantined, because it is transmitted through blood and sexual activity, not through daily contact, it has left it to each society to decide how it would protect itself from the spread of this deadly disease.

"In spite of that, our circumstances in Egypt have caused the spread of this disease among us because of the weak capabilities of the Ministry of Health, and because of the mistakes which occurred in the incident of the senior official who spread AIDS among kidney patients, as well as in the incident in which contaminated blood spread from the prisons because of imprecise testing. [passage omitted]

Therefore there must be an alternate way to protect Egyptians from the spread of AIDS, and because the international health system requires that any patient who presents a threat to society must be quarantined, we must turn to the legislature to enact a law on quarantining AIDS patients within special communities. That would be the humane thing to do until the state can provide effective means of protecting society from the spread of AIDS."

Results of AIDS Tests ... in Error

Dr. Usamah Raslan, professor of immunology at the 'Ayn Shams [College of] Medicine and secretary of the Cairo Doctors' Union, brought up a serious issue. He said that the process of kidney dialysis is considered to be one involving blood transfusion. This means that if an AIDS patient is hooked up to the dialysis machine, any healthy person who comes after him must also become infected with AIDS. Even if the Ministry of Health has tested the kidney failure patients to find the victims of the official who spread AIDS among them, this testing must be done again despite its cost, because the body incubates the AIDS virus after it has entered for a period of up to six months, during which it does not appear upon testing. Therefore they must be retested by the antigen method, which detects the virus itself, and which is what is used by the American "Namru" laboratories, and not by the "aliza" method performed by the equipment which the Ministry of Health provides to hospitals and blood banks.

In fact, the "aliza" equipment used here in Egypt for AIDS testing, or what is called the serology test, is not adequate for detecting the disease, because it can give a [false] positive, meaning that the case is infected with AIDS, whereas the antigen test would confirm that the person is healthy and not infected with AIDS. This means that this equipment would create a disaster for some victims, for if we took the results of the AIDS test to the Ministry of Health, and it said that the person was positive or infected with AIDS, when he was healthy, and we took this person to be treated with AIDS patients just like the kidney patients, then this erroneous test would be the primary cause of AIDS being transmitted to this person. Therefore effective systems for testing blood transfusion operations in Egypt must be provided. [passage omitted]

A responsible doctor at the Himyat al-'Abbasiyah Hospital stated that unfortunately the AIDS patient is not at fault, and often does not mean to spread the disease; rather our health policy is at fault. For example, the kidney patients infected with AIDS are victims of a mistake by the state which allowed an infected person to transmit the disease to them, so it must treat them at its expense; but it allowed him to have dialysis once a week at its expense, and if he comes complaining that he wants it done again because he is tired, they should refuse.

Protection Bill in the Consultative Council

Dr. Mukarram Hilali, director of the Umm al-Misriyin Hospital and member of the Consultative Council, believes that the AIDS disease, as well as infectious liver [diseases], have become a sure threat to Egypt now, and because the threat is hidden, any protective measure taken, however violent, would ultimately be for the good of society. Therefore as he says, he is now preparing a bill to be put before the Consultative Council on taking effective protective measures against these diseases. Until that is done we must be aware of the seriousness of the AIDS disease, and perform AIDS tests on all patients, doctors, and those working in places most exposed to AIDS. This week all workers in the hospital are being tested free of charge. He said, "The AIDS testing equipment that we have, the doctors, and the needed supplies will expand the field of testing for a token fee of 20 pounds, the actual cost to any person requesting a test."

Dr. Ra'uf Salam, medical [deputy] of al-Azhar University, believes that the disaster of the spread of AIDS among dialysis patients was due to the fact that no decisive decree was issued by those in the Ministry of Health responsible for preventive medicine on the need for obligatory AIDS testing before using the dialysis machine. He believes that those patients who were infected because of this mistake in prevention have a right to be compensated for the harm that has afflicted them, a tremendous harm that threatens them with certain death, and they have the moral right to receive any treatment and complete care at state expense. As for quarantining AIDS patients, he believes that no one can object to the need to enact such legislation to protect society. [Passage omitted]

At the Ministry of Health, I contacted Dr. Raghib Duwaydar by telephone, and his response was that he did not know anything about the truth of what we had published in AL-WAFD on the spread of AIDS, and that he could not discuss issues such as these; rather the one who could discuss them and had the reports and facts was Dr. Fathi Shaybah, deputy minister of health for preventive medicine. He concluded his response by talking with Dr. Fathi Shaybah, for whom I have been looking for a week and who refuses to meet with me or to discuss this matter. But at the Interior Ministry, a senior responsible source, who refused to reveal his name, said that the Interior Ministry does not have the budget to treat prisoners in the first place. The budget does not exceed 70,000 pounds a year, with 15 piasters a day per prisoner for treatment, which is not enough for an aspirin tablet. So where would the ministry get the money for treating addicts and AIDS patients in the prisons? He called on the AL-WAFD newspaper to help in opening the door to donations to the prisons for treating prisoners with diseases that have spread among them and that threaten society outside.

INDIA

AIDS Reported Spreading Rapidly in Goa

92WE0132 Madras *INDIAN EXPRESS* in English
10 Oct 91 p 6

[Text] EXPRESS NEWS SERVICE, Panaji, Oct. 9—The dreaded Acquired Immuno-Deficiency Syndrome seems to be rapidly spreading in Goa.

From just one AIDS case reported in 1987, the number of detected AIDS cases in the state in the last five years has shot up to 74, according to official figures.

A more disturbing aspect is that while some of the early detected AIDS cases involved mostly foreigners, the ones detected more recently are mainly locals.

Of the 74 cases—31 AIDS carriers are found among migrant population mainly hailing from Karnataka, Kerala and Maharashtra. The remaining cases include 24 locals and 19 foreigners.

Papers Report Continuing Spread of AIDS

Cases in Bombay, Madras, Manipur

92WE0165A Bombay *THE TIMES OF INDIA*
in English 11 Nov 91 p 7

[Text] New Delhi, 10 November: About 5,700 people in the country are carriers of the AIDS virus. Most are concentrated in the three epicentres—Bombay, Madras and Manipur, according to Mr. Shiv Lal, deputy director-general in the director-general of health services.

Mr. Lal was speaking on Friday at a two-day national symposium on AIDS. Since detection of the first AIDS case in the country six years ago, he noted, India now had 85 people infected by the virus. Almost all states in the country had reported cases of infection, he added.

The Human Immuno Deficiency Virus (HIV) which causes the Acquired Immuno Deficiency Syndrome (AIDS) is currently thought to infect six million people in the world. A person can be infected in two senses: He can become a carrier and finally get the disease, or he can become infected with the disease straight away. The AIDS virus completely destroys the immunology system, making the person susceptible to all diseases.

Mr. Lal said Delhi alone has about 464 cases, 14 of these full-blown. Transmission mainly by infected needles (drug users), blood transfusion and sexual intercourse with infected persons. There is no evidence of AIDS being passed on through any other means. He said studies show a majority of those infected are in the young and economically productive group.

Prof. Kusum Sehgal, from Maulana Azad Medical college, said the scenario was alarming. Statistics show for every case of full-blown AIDS, there are another 50 to 100 infected persons, with no symptoms.

She says transfusion of infected blood will pass on HIV in nine of 10 cases. If a pregnant woman is infected, it will be passed on to the child in the womb in up to two in five cases. Sexual intercourse has the lowest risk: the transmission rate ranges from one in every 100 to one in every 1,000. And yet, three in four of AIDS-infected Indians have got it through sexual intercourse. One in 10 got it through the infected mother and only one in 20 through infected blood.

Interestingly, she added, receptive partners in sexual intercourse are more likely to get infected than insertive partners. A "heartening" factor: correct use of condoms minimise the chances of getting AIDS, she said.

Prof. Sehgal said it was believed prostitutes are the biggest spreaders of AIDS. However, studies now show the promiscuous male, who visits a prostitute, gets infected and then gives it to the wife, who in turn gives it to the baby, is a greater hazard.

Earlier in the day, the city's Lt-governor, Mr. Markandey Singh, inaugurated the symposium. He said such conferences provide excellent opportunities to discuss causes and what to do.

Spread in Gujarat

92WE0165B Bombay THE TIMES OF INDIA
in English 20 Nov 91 p 11

[Text] Ahmedabad, 19 November: AIDS seems to be spreading menacingly in the state, with the number of persons carrying the human immuno-deficiency virus (HIV) having gone up from 90 in July last year to 715, including eight children, till this month, as per data available at the surveillance centre in F.J. Medical College here.

Of the 715 HIV carriers in the state, 455 belonging to Surat (all professional blood donors who are a floating population), three each from Bulsar, Baroda, Jamnagar and Rajkot, two from Nadiad and one each from Mehsana, Godhra and Bhavnagar.

Ahmedabad has 233 carriers of the AIDS virus and of these eight are children, aged between three and 11. All of them are patients of thalassaemia, requiring repeated blood transfusion. Most of the other HIV carriers in the city are professional blood donors.

The cases of all the eight children were detected by the Indian Red Cross Society, Paldi Branch, which was the first among the voluntary organisations in the state to screen blood samples for detecting HIV infection.

Each of the children had received at least 30 bottles of blood from professional blood donors in private laboratories before their samples were screened by the society.

Undergoing treatment for thalassaemia they had received 80 bottles of blood from professional donors

and died last year. A private laboratory in Lal Darwaja found at least 12 of its professional blood donors were HIV-infected.

According to Dr. H.S. Shah, superintendent of the V.S. Hospital, so far 2,000 blood samples have been screened and 27 people were found to be carriers of HIV infection.

The state health department confirmed that 689 people, whose blood samples were screened at the surveillance centres in Ahmedabad, Surat and Baroda, were carriers of HIV. More than 70,000 blood samples have been screened in the state.

Among carriers of HIV infection, Gujarat and West Bengal, rank fourth in the country, after Maharashtra, Delhi and Tamil Nadu.

Records of the Indian Red Cross Society and other voluntary blood banks in the state indicate that more than 160,000 bottles of blood are collected every year by these agencies.

Besides these voluntary agencies, there are as many as 255 private pathologists in various parts of the state who also collect more than 75,000 bottles of blood from professional blood donors.

The Indian Council of Medical Research (ICMR) has issued a circular with the slogan, "One blood sample, one screening test."

In order to prevent the transmission of HIV infection, the circular states samples of the blood donor should be screened by Elisa Test. If tests prove positive, the bottle should be immediately discarded.

The ICMR officials fear that what has been detected in Gujarat might be just the tip of the ice berg and the actual number might be much more. Though a present Gujarat has no AIDS patient they fear that by 1997, more than 60 percent of the persons found to be carrying AIDS virus will become full-fledged patients of the disease.

In a bid to break the virus between professional blood donors and private laboratories and for detecting HIV infected cases, the state government has worked out an AIDS control programme following a directive from the Centre.

According to Dr. M.H. Patel, deputy director (epidemic), of the health department, the government has decided to make it mandatory for the blood banks to obtain a licence, this will enable the government to identify those blood banks which are not following the guidelines for screening blood samples.

He said an AIDS cell was being set up besides opening blood screening centres in Baroda and Surat. The government proposes to set up such centres at Rajkot, Bhavnagar, Bhuj, Nadiad, Mehsana, Palanpur, Broach, Bulsar, Godhra, Surendranagar and Himatnagar.

The Rajkot and Jamnagar medical colleges will also have blood screening laboratories.

Dr. Patel said the government would also launch a programme to educate the people about AIDS.

Better AIDS Treatment Urged, Bogus Treatment Scored

92WE0211A Bombay THE TIMES OF INDIA
in English 1, 2 Dec 91

[Article by Bachi J. Karkaria: "Bogus Experts Prey on Scourge"]

[1 Dec 91, pp 1, 26]

[Text] Bombay, Nov 30—When the human immunodeficiency virus (HIV) began wreaking havoc in Bombay's red light area three years ago, prostitutes feared it would become yet another weapon of police and goonda harassment. Now, as Indian AIDS gets increasingly on the international agenda, it is doctors, social workers and politicians who are being accused of exploitation, getting "money, fame and foreign trips out of our misery." The sex workers now divide activists into *mehanaat karne walle* and *malaai-khaane walle*, those who care and those who simply cream off.

The long line of "Skin and VD" clinics on Falkland Road is interrupted only by dentists, *desi daru* speak-easies and Delhi Durbar's "Family Rooms with Ladies." But only one out of three is manned by a qualified medical practitioner. The others have simply painted on a red cross and degrees like "BSAM (Bom)" or "BUMS"; some get by with "Professor" instead of "Dr." Yet it is they who have the most crowded dispensaries, administering heat-generating calcium I.V. injections, which the women believe "burns away" their illness, and scribbling out massive doses of antibiotics. Some employ touts to get custom; many give a cut to the brothel-keeper. There has been no official investigation to separate the fraudulent from the genuine doctor.

These clinics are popular because there's no mention here of the dreaded word, "AIDS". A bona fide doctor complains that the pre and post HIV-test counselling is sketchy. "In two nights I had to rush to save four girls who had swallowed Tik-20. They had been merely informed that they were HIV-positive."

Bogus practitioners bolster the "logic" that government treatment "being free, can't be effective." In any case, having worked all night, the women have little energy for the lengthy procedures at the Bombay Municipal Corporation's clinic for Sexually Transmitted Diseases (STD) on the periphery of the squalid maze of Kamathipura.

Even if they are quacks, these men have the confidence of their beleaguered clients, and the BMC would have done well to have included them in the workshops planned for AIDS Week that will be flagged off by World AIDS Day on December 1.

More harmful in the long term is the disenchantment over activists who descent on sleaze street, often with foreign visitors in tow so as to showcase their "commitment" and thus access funds and junkets. Since such cynical manoeuvres also drive a wedge between the afflicted and bona fide help, pushing the problem dangerously underground, genuine workers demand closer monitoring of agencies operating in the red-light area.

Tarabai's florally laminated wall proclaims, "May God Give You What You Want." What she doesn't want is any talk of this "Aidis-Paidis." "We don't have it, it may be there among the *bungla-wallis*." The reference is not to call-girls, who at a guesstimate outnumber street solicitors five to one, but to the women in the numbered establishments. From the perspective of the *chalu gharwali*, whose business address is the pavement, the warren of mezzanines might indeed appear to be a bungalow.

Tarabai, who comes from Belgaum, passes the buck to the Nepalis who are patronised by Arabs. "India *ka log* don't have this *bimari*. And why blame us? Can we look inside a man's body? Why doesn't the government catch them as they step off the planes?" Thirty percent of Bombay's 250,000 red-light women may be HIV-positive, but female-to-male infection is, biologically, 10 to 20 times less efficient than vice versa. In either case, the presence of other STDs multiplies the risk. But, the women have no control over the use of condoms—the only protection, the only preventive. Instead, with takings down by at least 50 percent as a result of the AIDS scare, prostitutes have become even more vulnerable.

Radha might declare, as she stretches languorously beneath garlanded oleographs of Mrs. Indira Gandhi and Dr. B. R. Ambedkar, that "I'll be content with just *chutney-roti*," rather than expose herself to unsafe sex, but Tarabai is closer to reality. Pointing to a pot of lumpy rice under the bed, she says, "Sometimes there are two nights without *boni*. *Khaane ka vaandha hai, rubber ka baat kaun karega* (When we don't have anything to eat, who will dare bring up the subject of condoms)?"

The sex workers' worsening misery has boosted the business of the moneylenders of Kamathipura, the new "Malbari" operator now outdoing the traditional ones from Rajasthan. The girl gets bonded to both them and the *gharwali*, unable even to calculate what is really owed. Yet electronic shops have mushroomed in the area dispensing cordless telephones. Tailors continue to whirr up the tight tinsel dresses.

Even organising prostitutes into self-help cooperatives has become a racket, their names barely pronounceable by their illiterate members. The Sanyukta Nepali Satyashodhak Pudit Mahila Sangh was operative long before AIDS was known. The more recent Asahit Triskrut Nari Sangh of the Kannadigas was cobbled together by Brijmohan Sharma, better known as "Bhaisaheb." He owns the *doodh* and *bhaji* Mathura Bhavan in Kamathipura

from whose walls a blown-up Balagopala looks askance at a scruffy lawyer trying to impress a client too drunk to bother.

The smooth-talking, gold-watched Sharmaji was recently ousted by the Sangh's president, the large and loud Rukminibai, who now promotes charity shows statedly to collect funds for retired prostitutes. "Bahisaheb," however, did manage a four-month AIDS study tour, covering Amsterdam, Rotterdam, New York, London, Belgium and Tokyo.

The anguish of the real victim hasn't been alleviated at all. Those found positive are sold off to decreasingly fussy, increasingly sordid "establishments," and finally abandoned when the AIDS Related Complex establishes its emancipating stranglehold. The \$650 million World Bank grant or even the Rs 60 crores sanctioned for Maharashtra shouldn't end up creating more AIDS "experts" instead of reaching the lowest levels where it matters most. The ICMR's rehabilitation plan waits upon someone willing to take responsibility for the allotted money.

In Kamathipura's most desperate ghetto, Yellamma's discarded handmaidens spill over to occupy every inch of filthy, unpaved alley space. In a grotesque parody of canopied four-posters, rows of iron beds line up in the open, fully curtained in black plastic. Umabai sits within spitting distance of an overflowing garbage dump, and spurns any offers of getting it shifted. "If it is removed, the *goondas* will put up their *jhhopdis* in its place, and people feigning concern will not be kept away by its stink. This garbage heap protects my *izzat*. In any case we have been thrown on a *kachra ka dhug*. Just leave us alone on it."

But benign neglect is too hazardous a luxury in an imminent epidemic that will not disappear with the season.

[2 Dec 91, pp 1, 3]

[Text] Bombay, December 1. There have always been two sides to the AIDS coin. One, the aseptic conference hall with earnest researchers projecting slides and platitudes; the other, sleazy Falkland Road where HIV crouches in claustrophobic hovels and the pallor of death is already visible through the garish paint on faces. What's new is the increasingly unbridgeable chasm between the two.

The ICMR surveillance centres and the Bombay Municipal Corporation might argue that "testing of high-risk blood samples must continue so that future services can be planned," others in the field insist that no more time and money should be wasted on this sterile exercise, especially since more lives are ruined rather than helped with the discovery of HIV positivity. As it is, after spending Rs 25 lakhs on a special AIDS ward at the JJ Hospital, it has now dawned on officialdom that isolation is clinically unnecessary and psychologically undesirable.

The exemplary surveillance on blood bank supplies needs to be maintained, but on HIV's other, still-defiant route, it is imperative to make a policy shift to an aggressive promotion of safe sex. The main target must now be the direct user. Not the prostitute, but her client who multiplies infection in high-risk groups and then takes it home to wives and children yet unborn. The campaign must be intensified among those who attend clinics for Sexually Transmitted Diseases (STD).

Dr. Jacob John of the CMC, Vellore and among the foremost researchers in the field, identified the dramatic increase of HIV among these cases as a marked trend in the national AIDS epidemiology. Dr. J. K. Maniar, who recently revealed the entry of HIV-2 into India, colourfully describes STD and HIV as "brother-sister", noting that sero-positivity in STD patients has spiralled from five percent to 25 percent in just the last two years. Aggravating the situation is, both, the decreasing age of those affected by STD (most are between 18 and 25) and the high rate of "defaulters" who don't return to the clinic for a check-up.

Expectedly, Dr. Maniar demands a structural change, taking the programme "out of the hands of the microbiologist, who cannot speak the "language" of those affected, and putting it into those of STD specialists, general practitioners and community health workers."

In Bombay there were twice as many full-blown AIDS cases in November (52) as there were in April. In Maharashtra, sero-positivity through the heterosexual route accounts for 4.9 percent of samples screened, compared to only 0.6 percent in recipients of blood and serum products. In Gujarat, HIV-positivity multiplied from 70 in July 1990 to 715 in November 1991 (all blood donors). Today, no state is free of the scourge, and national figures have spiralled from 63 in 1986, when surveillance began, to a tip-of-the-iceberg 5,880 documented cases. All this points to promiscuity as a fact of Indian life. High-risk behaviour isn't obviously simply the aberration of not-me groups; as the base widens, the dangers multiply exponentially.

The safe-sex message is being passed on by doctors and medical social workers and "Kama Sutra's" erotic advertisement does stand out amidst blander posters at the Bombay Municipal Corporation's STD clinic. But AIDS, five years after the control programme's launch, is still to get on the medical, nursing and community-work curricula. The ad hoc lecture and seminar is all. "We haven't even learnt to talk freely about sex with these patients. We dole out thousands of "Nirodhs" and "Maharajahs," but we have no way of ensuring that they are used." Besides, as Fatima, who has now subcontracted her Kamathipura brothel, will inform you, "Some respectable men may bring along a *barsati coat*, or buy one from the *gharwalli*, but usually they are too drunk to bother. At one time, men showered us with gifts, today there are too many girls, too few clients.

The prancing stallion of Masti, the Hindustan Latex product, hangs in streamers along with the sachets of shampoo, paan masala and chewing tobacco from every wayside stall in Bombay's red-light district. This is the "record-dancewalla" product pushed, with the help of a nightly *tamasha*. Since it is bought, it is more likely to be used, than a freebie.

The need for safe sex has created the designer barrier and revolutionised its advertising. The AIDS control programme could make a quantum leap if these new liberalised messages translate into down the-line acceptance of condom use.

Continuing Reportage on Fight Against AIDS

AIDS Prevention Bill Withdrawn

92WE0215A Bombay THE TIMES OF INDIA
in English 4 Dec 91 p 7

[Article: "AIDS Prevention Bill Withdrawn"]

[Text] New Delhi, Dec 3 (PTI): The government has withdrawn the two-year old AIDS prevention bill, that had kicked up a controversy, with criticism, that it violated human rights and the World Health Organisation guidelines.

However, existing guidelines to screen for AIDS all foreign students and foreigners planning to stay in India for more than a year, will continue, senior health ministry officials said.

If passed into an act, the Acquired Immuno-Deficiency Syndrome (AIDS) bill of 1989, would have made mandatory the forced disclosure of the identity of all persons in India, found infected with the AIDS virus.

Citing reasons for the withdrawal, health ministry sources said, there was a fear that people would not come forward for testing and those found infected would be ostracised by employers, families or the community.

Under the bill, the health authorities would have been empowered to direct an infected person to "remove himself forthwith" to a hospital or any other place for special care and to prevent spread of AIDS infection.

Health ministry sources said at the time the bill was introduced the number of AIDS infections were few and it was felt worthwhile to identify infected people to provide them with medical care, social support and counseling.

More Cases in Calcutta

92WE0215B Calcutta THE TELEGRAPH in English
3 Dec 91 p 5

[Article by Amit Ukil: "AIDS Virus Inflicts 3 More in City"]

[Text] Calcutta, Dec 2—Three more persons in the city have been infected by the AIDS virus and, for the first

time, they are pimps from red-light areas. This brings the total number affected by the dreaded HIV virus to 24.

Disclosing this at a workshop on drug-related AIDS at the on-going International Conference on Drug Abuse here, Dr. Manish Chakraborty of the School of Tropical Medicine, who is in charge of AIDS surveillance programmes in the state, said reports on the blood tests of the latest cases had been received just this morning.

Of the 24 cases, he said only three were prostitutes. This is probably because only 1,200 of the estimated 22,000 women in the city's six red-light areas had been screened. In Bombay, detailed screening had revealed that 30 percent of the prostitutes had contracted the AIDS virus. The true picture in Calcutta is still not known. Of the 68 intravenous drug users examined, only one has tested positive so far in the city.

The situation in Manipur in this context is very bad. As many as 1,400 persons have tested HIV positive till July this year, of whom as high as 45 percent are drug addicts. Dr. S. C. Pal of the National Institute of Cholera and enteric diseases, which has conducted detailed surveys in the state, said even though most of the drug abusers knew about the dangers of AIDS, many were still falling prey to the virus, even using ink droppers to inject heroin into their blood.

Dr. U. Ko Ko, WHO director for Southeast Asia, stressed measures to curb ignorance of how AIDS spreads, which had resulted in an apathy towards AIDS patients. According to projections, the incidence of HIV and AIDS in India, Thailand and Burma by the mid-90s will be similar to that in Africa in the late 80s if the situation as it is now goes unchecked. It is possible that by that time, 70 to 80 percent of the hospital beds will be occupied by AIDS and AIDS-related cases, the WHO official said.

To check the spread of the HIV virus among drug addicts, England had started a needle exchange plan, whereby used needles were exchanged for new syringes, Dr. Brian Wells, an expert from London, told the workshop. Sharing of used needles by intravenous drug users is one of the most rapid methods by which AIDS spreads. All participants agreed that education played the most vital role in checking drug-related AIDS.

Tamil Nadu Statistics

92WE0215C Madras THE HINDU in English
29 Nov 91 p 4

[Article: "Programmes to Create Awareness on AIDS"]

[Text] Madras, Nov 28—Fourteen persons have so far died of AIDS in Tamil Nadu, since the first cases of HIV infection were detected in Madras in 1986.

Giving this information, Dr. Sundararaman, Secretary, AIDS Research Foundation of India (ARFI), Dr. Suniti

Solomon and Dr. M. Ganapathi of the Madras Medical College said here today that the detection of sero positive cases in Madras and elsewhere in the State was increasing.

Testing of random samples of serum from tuberculosis patients and those visiting the surgical and medical out-patient departments and antenatal clinic, besides the STD wards was increasingly proving that the HIV infection was not confined to prostitutes and other high-risk groups, but was prevalent even among men and women belonging to well-to-do families, because of various factors such as unhealthy sexual practice, improper blood transfusion and use of contaminated syringe.

Addressing a press conference, they said the random sampling of serums under the ICMR-sponsored sentinel surveillance project, which began a year ago, had so far shown that while four percent of those visiting the STD ward, one percent of Tuberculosis patients and 0.5 percent of pregnant women had the HIV infection.

World AIDS Day: The need of the hour was to create public awareness about the various aspects of the infection, including the preventive measures needed. It was in that context that ARFI and the Tamil Nadu Government, through its Health Department, have planned for a series of programmes on the occasion of the World AIDS Day on December 1.

The agenda includes a meeting to be inaugurated by the Health Minister, Mr. S. Muthusamy, at the Madras Medical College, a western music-cum-dance concert, a sound and light programme by students of the Film Institute, a puppet show, and a "therukutthu," all focusing on the theme of AIDS prevention.

The highlight of the activities will be a five-day exhibition of a 400 sq.m. "AIDS memorial quilt," containing the names and other details of AIDS victims the world over. The quilt was formed by stitching together panels contributed by friends and relatives of the victims under the "NAMES project" of a voluntary group in San Francisco.

Increase in Gujarat

92WE0215D Calcutta THE STATESMAN in English
20 Nov 91 p 9

[Article: "Spurt in HIV Cases in Gujarat"]

[Text] Ahmedabad, Nov 19—There has been an increase in the number of human immuno-deficiency virus cases in Gujarat causing anxiety in Government and medical circles, reports UNI.

Official statistics revealed that the HIV cases which stood at 90 in July 1990, had presently increased to 715.

According to data available at the surveillance centre at the B. J. Medical College here, of the 715 HIV carriers in the State, 455 belong to Surat, three each to Bulsar,

Baroda, Jamnagar and Rajkot, two to Nadiad, and one each to Mehsana, Godhra and Bhavnagar.

Ahmedabad has 233 HIV carriers of the AIDS virus and among these eight are children aged between three and 11, all patients of thalassemia requiring repeated blood transfusion. Most of the other HIV carriers in the city are professional blood donors.

The cases of all the eight children were detected by the Indian Red Cross Society, Paldi branch, which was the first among the voluntary organizations in the State to screen blood samples to detect HIV infection.

Each of the children had received at least 30 bottles of blood from professional blood donors in private laboratories before their samples were screened by the society. They are undergoing treatment at the Thalassemia centre of the society.

An 11-year-old girl, who had acute thalassemia and received 80 bottles of blood from professional donors, died last year. A private laboratory in Lal Darwaza found at least 12 of its professional blood donors HIV-infected.

According to Dr. H. S. Shah, superintendent of the V. S. Hospital, so far 2,000 blood samples have screened and 27 people were found to be carriers of the HIV infection.

AIDS Now Biggest Threat to Narcotics Users

BK0412135191 Hong Kong AFP in English 1223 GMT
4 Dec 91

[Excerpts] Calcutta, India, Dec 4 (AFP)—Participants in a just-concluded International Conference on Drug Abuse here believe the spread of acquired immune deficiency syndrome (AIDS) is now a bigger problem than drug abuse itself. [passage omitted]

K.L. Goyal, general secretary of the anti-narcotics campaign in the Indian state of Rajasthan, said the spread of AIDS had emerged as the biggest threat to drug addicts in India.

"It is turning into dangerous proportions," he said, citing a World Health Organisation report which said 51 percent of global AIDS cases had been detected among intravenous drug users.

In India he said the problem was most acute in the country's northeast and cited an Indian Council of Medical Research report which said 51 percent of HIV-positive cases have been detected in the region.

According to one estimate the state of Manipur on the Burmese border, which has a high concentration of intravenous drug users, may have 60,000 carriers of the HIV virus that leads to AIDS.

Raj Bothra, an American physician from the Kansas Medical Center, also warned against the growing AIDS menace in India, predicting that by the year 1995 India will have more AIDS cases than anywhere in the world.

Yusuf Merchant, the doctor in charge of the Drug Abuse Information and Rehabilitation Research center in Bombay, argued that drug traffickers were becoming smarter and drug types more sophisticated by the day, and it was impossible to wipe them out.

He pointed out that small quantities of the new "designer heroin"—1,000 times more powerful than normal heroin—could satisfy huge numbers of addicts.

IRAN

AIDS Patients Identified by 10 Nov Total 182

*LD1511125891 Tehran IRNA in English 1054 GMT
15 Nov 91*

[Text] Tehran, Nov 14, IRNA—A total of 182 patients infected by the acquired immune deficiency syndrome (AIDS) have been identified throughout Iran until 10 November, according to the latest figures released by the AIDS campaign committee here.

Dr. Ms. Shirvani, a member of the committee told IRNA here today that of these patients 37 are male between eight to 14 years of age, and 11 are between 15 to 30 years of age. "There are only two women among the infected people," she added, noting that the rate of the AIDS patients in Iran is almost nothing compared with the 60 million population. Dr. Shirvani said AIDS is not a serious syndrome in Iran.

She said the AIDS campaign committee has established provincial departments in order to identify, control, and educate patients and prevent the disease.

A report on the situation of the AIDS patients in Iran is delivered to the World Health Organization (WHO) every three months, she added.

Quoting WHO figures she said each day 5,000 patients are added to the number of the infected people in the world and that it is mostly observed in the developing countries among the youth and particularly men. According to WHO predictions, Dr. Shirvani said, a total of 30 million people including 10 million infants would be infected by AIDS until the year 2000.

On the situation of the hemophilic patients, she said the number of such patients is estimated at some 6,000 in Iran, of whom 2,538 have so far been identified.

Official Details AIDS Cases

92WE0152W Tehran ABRAR in Persian 18 Nov 91 p 3

[Excerpts] Dr. Cheraghchi, general manager of the Ministry of Health Care, Treatment, and Medical Education's Anticontagious Disease Office, said: There has been a striking decrease in the spread of contagious diseases in the country compared to the years before the triumph of the Islamic revolution. [Passage omitted]

Dr. Cheraghchi discussed AIDS in the country. He said: This disease is found mostly in patients afflicted with blood disease who have used imported blood products, and this problem exists everywhere in the world, because until 1974 experts did not know that blood products could also carry AIDS.

Speaking at a national anticontagious disease seminar at the Dizin Hotel, he said: Since 1365 [21 March 1986-20 March 1987] only 39 cases of AIDS have been found in Iran, and there are 170 people infected with the AIDS virus, which is 6.2 percent of those patients who have received blood transfusions. In other countries this figure is 15 percent. [Passage omitted]

JORDAN

Article Reports Total of 66 AIDS Cases

*92WE0205A Amman JORDAN TIMES in English
28 Nov 91 p 3*

[Article: "Total Cases of AIDS in Kingdom Since 1986 Rises to 66, Ministry Reports"]

[Text] Amman (J.T.)—The Health Ministry Wednesday revealed that the total number of AIDS cases in the Kingdom since 1986 has now reached 66, 59 of whom are Jordanians.

Of the Jordanians infected with the disease, 14 have already died, one of whom passed away last week, said the ministry in a statement prior to the World AIDS Day, 1991, which is to be observed Sunday.

Only one AIDS patient out of the seven foreign nationals died in the Kingdom, the statement said. The rest have been repatriated, said the ministry's statement, carried by the Jordan News Agency, Petra.

The Ministry of Health has been able to control the spread of the AIDS disease through strict monitoring of the blood transfusion processes and through stringent precautionary measures, including laboratory tests, the statement said.

All blood banks in Jordan conduct tests on the blood of donors to ensure that they are safe, especially if the donors had undergone surgical operations abroad. At the same time, Jordan restricts the importation of any amount of blood from other countries, the statement added.

Jordan is considered among the first few countries of the region to take precautionary measures against the spread of the AIDS disease. According to World Health Organisation (WHO) estimates, there are between eight and 10 million men, women and children around the world who are infected by this disease and that more than 5,000 are infected by AIDS daily.

The ministry statement noted that Jordan, through the continued efforts of a National Committee to Combat

AIDS, has been implementing a wide-scale campaign to spread education among young people against the killer disease and ways to protect themselves from it.

The committee, which directs most of its attention to school graduates, conducts lectures and documentary film shows and distributes leaflets featuring ways to provide people with protection. According to the committee, AIDS is mainly transmitted through sexual contact among men and women and among homosexuals. It is also passed through the use of infected needles by addicts.

The committee, in cooperation with the Ministry of Education and other concerned parties, conducts its work at schools and youth centres, with the main target being those planning to go abroad for study.

Dr. Muna Hamzah, director of the ministry's Health Education Department, said health officials and workers have compiled 20 documentary films for the purpose of promoting the fight against AIDS. The department publishes pamphlets and booklets which are distributed to community colleges, universities and secondary schools and conducts lectures on the causes of the disease and ways of protection.

According to the statement, the Health Ministry has conducted studies on AIDS in Jordan through 7,500 samples of people, aged between 15 and 60, 50 percent of whom were women.

A recent study in the United States showed that AIDS was spreading rapidly among American women and cases contracted through heterosexual contact were rapidly increasing.

The WHO has been issuing warnings of a dramatic increase in AIDS among women noting that the virus, called HIV, was rising fast.

The WHO says that AIDS was pandemic unlike other so-called international health problems such as malaria and small pox, AIDS strikes the developing and developed world with equal vengeance and forces all nations to consider their common interest in the solution of international health problems, the statement said.

It said that the AIDS epidemic provides a new opportunity to view health as an international phenomenon, one that is best addressed by policies with international dimensions.

MOROCCO

'Alarming' Increase in AIDS Cases

92WE0206A Rabat L'OPINION in French 5 Dec 91
pp 1, 3

[Article by Ali Benadada: "AIDS: A Scourge That Hides Many Others"]

[Text] Several days ago, on 1 December, the international community "celebrated" the fourth International Day of Struggle Against AIDS.

The theme of the event was "Let us all meet the challenge," i.e., the challenge of a malady that is becoming more and more widespread owing to the inability of science to find a treatment, develop a vaccine to stem the epidemic, or even limit its destructiveness.

The only way to avoid it is prophylaxis. And that means it is necessary to sensitize the public to the nature and gravity of the disease. But given the demographic profile of AIDS victims in Morocco, the citizenry alone cannot assume all responsibility for protection and prevention.

Examination of national or worldwide statistics shows first of all that the disease, at first seen as an illness of homosexuals and drug users, has gone beyond that stage: It is now a scourge that can attack everyone, which anyone can contract—and may have contracted already.

Next, the figures show the disease is taking on such alarming proportions that it threatens to become a holocaust.

Thus while at present there are some 1,500,000 cases of AIDS worldwide, the figure will rise to 15 or 18 million by the year 2000—in eight more years—assuming no effective vaccine is developed. And there is little likelihood such a vaccine will be ready by the end of the century, according to Dr. Michael Merson, head of the world anti-AIDS program. Dr. Merson adds that every day the virus attacks 5,000 more victims.

According to the World Health Organization (WHO), 75 percent of those infected with the AIDS virus (9 to 10 million throughout the world) live in Third World countries.

Morocco's Case

As paradoxical as it may sound, according to official statistics the number of AIDS cases in Morocco is "relatively low." As of 30 September 1991, there were 90 cases of AIDS, 24 cases of AIDS related complex, and 86 asymptomatic carriers.

A total of 200—albeit such round numbers must sometimes be viewed with suspicion!

However that may be, and as small as the caseload may seem, a comparison of these statistics with those for last year proves the disease is on the increase here.

The number of AIDS cases reported has grown from 60 as of 30 September 1990 to 90 a year later—a 33-percent increase. And the number of persons infected with the HIV virus has grown from 135 to 200. In other words, a 40-percent increase over the previous year.

Regarding the modes of transmission of HIV virus in Morocco, according to figures provided by the Health Ministry's National Program for the Struggle Against

AIDS, 32.2 percent of the AIDS victims are heterosexual, and close to 25 percent have been involved in intravenous drug abuse. We must pause to consider this point.

One out of every four Moroccan AIDS cases involves addicts who indulge in the so-called "hard" drugs. What this shows is that the scourge of drug addiction is also beginning to reach alarming proportions in our country. Hence the need to act quickly and effectively to stem it while it is still (let us hope) embryonic. We could thus kill two birds with one stone: by curbing an evil that threatens to undermine every society, we also help protect our own society against the spread of AIDS.

That being the case, the theory that AIDS was brought here from abroad is no longer relevant.

AIDS has now become indigenous. That means the danger is greater, and we must combat it from inside the country.

The fact that nearly 60 percent of Morocco's AIDS victims (the figure last year was only 44 percent) contracted the disease through sexual contact shows what direction must be followed in waging an effective, well-targeted prevention campaign.

Hence the need to break taboos and call things by their real names. There is only one way to prevent HIV contamination via sexual contact: the condom or prophylactic, known pejoratively as the "English hood." Except for abstinence, there is no other way.

From another point of view, it is imperative that any prevention campaign begin by attacking the disease at its sources. Because we can no longer afford to ignore the fact that AIDS is a scourge that unmasks others—such as prostitution, homosexuality, and drug addiction.

And that is where any prevention campaign must begin.

NEPAL

AIDS Cases Increase as Prostitutes Return

92WE0174A Kathmandu *THE MOTHERLAND*
in English 2 Dec 91 pp 1, 4

[Article: "Three AIDS Victims Die, Four Facing Death"]

[Excerpt] AIDS viruses were found in 35 of the 40 thousand people whose blood sample was tested in Nepal.

Of these ten men and fourteen women are Nepalis while three women and eight men are foreigners.

Positive AIDS virus was also found in two other persons whose identity could not be established.

Three out of seven persons who suffered from advanced stage of AIDS have already died.

The remaining four others are facing impending death. All four are Nepalis of whom two are at Teku Hospital and two others are staying at their homes.

Information to this effect was given by chief of the AIDS Prevention and Control Programme Dr. Bijaya Lal Gurubacharya at the one day National Seminar On the Role of Media on Prevention of AIDS and Its Control held here yesterday under the joint auspices of the World Health Organisation and the Ministry of Health, HMG to mark the World AIDS Day.

At the seminar, National Planning Commission Member Dr. Balgopal Vaidya disclosed that 30 percent of Nepali women who returned from Bombay in India, 65 to 85 percent of those who returned from Bangkok and 50 to 60 percent of those women who returned from Singapore have AIDS. They all indulged in prostitution.

Secretary in the Ministry of Health Mukunda Shamsher Rana informed that ten different centres had been opened for blood testing under management of hospitals and eight others are run by Nepal Red Cross to detect AIDS victims in the country. [Passages omitted]

PAKISTAN

Number of Individuals With AIDS Increasing Steadily

92WE0166A Peshawar *THE FRONTIER POST*
in English 12 Nov 91 p 4

[Article: "AIDS Creeping Into Pakistan"]

[Excerpts] Islamabad (APP)—Since 1986, the cumulative numbers of persons infected with HIV (the virus causing AIDS) has risen from four to 102 now.

The National Institution of Health (NIH), which coordinates the activities of the 19 AIDS centres in the country has documented reports on more than 150,000 persons so far, and has found 102 persons as positive to HIV (human immuno-deficiency virus).

A positive test means the person has been exposed to HIV and will develop the full blown disease known as AIDS (acquired immune deficiency syndrome).

In Pakistan 18 out of the total of 102 have progressed to AIDS till now.

The affected persons comprise 72 percent Pakistanis and 28 percent foreigners, whereas the ratio of male and female infection is 2.6 male to one female. [Passages omitted]

The government is trying its level best to control HIV infection in Pakistan, through the 20 AIDS centres established under the National AIDS Programme.

All the centres, including the one at the NIH provide voluntarily diagnosis of AIDS.

If a person is tested positive, then his name and identity is kept confidential and he is provided free counselling and taught the care he needs, and the preventions to not infect others.

The family members are also educated to supportively interact with the patient, said Dr. Shaukat.

"When there is neither a cure nor a vaccine available prevention and health education are the only ways out," Dr. Shaukat believes.

Government Said 'Doing Nothing' To Prevent AIDS

92WE0159b Karachi AMN in Urdu 17 Nov 91 p 3

[New report: "No Steps Have Been Taken in Pakistan for the Prevention of AIDS; Pakistan AIDS Society Will Present Its Report to the Convention on AIDS of Nonofficial Organizations To Be held in Geneva"]

[Text] Lasbela, 16 November (P R). Shaukat Ali, secretary general of the Pakistan AIDS prevention society said that no effective measures had been taken at the government level in Pakistan to combat the dread disease AIDS, in spite of the fact that AIDS had reached Pakistan and the government acknowledged that this was true. Before leaving for Geneva to participate in the convention of nonofficial organizations being held under the UNESCO auspices, Shaukat Ali said that he would present a detailed report at the convention on the efforts of the nonofficial Pakistan AIDS prevention society in connection with AIDS prevention and the creation of public awareness of the disease. But that he was sorry that in his report to the international conference there would be no mention of any official efforts and that this could be interpreted as lack of concern on the part of the government and high officials, but there was nothing he could do except to express regret. He added that the Pakistan AIDS prevention society was actively engaged in persuading the people to abstain from sexual promiscuity and the use of drugs especially by means of syringes; these were the two most important factors in the spread of the disease.

Ten Million AIDS Victims Forecast by 2000

92WE0159C Karachi AMN in Urdu 18 Nov 91 p 3

[News report: "The Lack of Any AIDS Prevention Programs in Pakistan; the Single AIDS Research Laboratory in Jinnah Hospital Cannot Combat the Ravages of This Pernicious Disease"]

[Text] The AIDS prevention society of Pakistan is trying to spread awareness among the people regarding protective measures against the lethal disease AIDS. The society arranged several discussion meetings in which many citizens benefited from the talks given by experts on the disease. Groups were formed to discuss and exchange ideas on the subject of AIDS and publicity material in the form of pamphlets and folders was

distributed in large numbers in offices, colleges, schools, business centers, in short, everywhere. The pamphlets are in Urdu and English and will also be printed in regional languages. All these things are being done by a nonofficial service organization and the government has paid no attention to this serious health issue. All that has been learned is that a laboratory in Jinnah Hospital is doing AIDS research, diagnosing the disease, and offering advice to patients who need it. In a country that is developing, is beset by ignorance and poverty, which has a population of more than 100 million, of which it is believed that by the year 2000, 10 million will be suffering from AIDS, in such a country can one laboratory alone combat the disease? It is necessary for the government to grasp the implication of the situation and to place preventive measures against the disease on an emergency basis.

The World Health Organization, UNESCO, and other organizations are putting forth great efforts to combat the disease and they give generous financial aid to countries, which try to stop the spread of the disease. They also provide expert advice and scientific information; nevertheless, no preventive steps against the disease are being taken in our country. How can a nongovernment society alone, which is tackling the problem out of a sense of human sympathy and duty, successfully shoulder such a major responsibility?

The most important cause of this disease is wrong behavior and individuals of weak character get involved in sexual promiscuity and drugs. These are the two curses of promiscuous individuals. It is society's responsibility to see to it that drug prevention programs are followed and promiscuous individuals are made aware of the terrible consequences of their actions. These are heavy responsibilities that cannot be carried out without the imposition of laws and regulations and the cooperation of those executing the laws. It is the duty of the government to take the responsibility of this important task in its own hands and protect its countrymen from this pernicious disease. Reflection shows that AIDS prevention may be as important as the defense of the country.

Government Accused of Criminal Neglect Regarding AIDS

92WE0166B Peshawar THE FRONTIER POST in English 20 Nov 91 p 1

[Article by Ikram Hoti: "Government Accused of Criminal Neglect in Preventing AIDS"]

[Excerpt] The criminal neglect on the part of the government to assist the anti-AIDS preventive measures on social scale, has exposed the entire population of the country to the incurable killer disease. Anybody, anywhere can pick up the disease and spread it further.

The warning was issued by the director of the National AIDS Centre, Islamabad, while delivering a lecture to the high officials of the Frontier government at the Lady

Reading Hospital auditorium, Peshawar, on Tuesday. Dr Naveed Shaukat said, "We do not want to create panic but the disease is spreading at an alarming rate and all forces capable of restricting its spread, must fight unitedly before the damage is declared beyond repair".

Others who offered their findings about the spread of AIDS precautions particularly in NWFP [North-West Frontier Province], included Dr. Abdur Raziq Khan of the Peshawar AIDS Centre and Dr. Liaqat Ali from National Institute of Health, Rawalpindi. They stressed immediate measures like increasing the number of screening centres with more equipment and latest methods to check the disease from touching unmanageable proportions since the "AIDS carriers are on the loose and nobody in the country is on guard against them".

They called for restricting contacts between those detected (HIV) positive and the rest of the population. They lamented that the existing apparatus for detection of AIDS carriers and patients did not allow an optimistic result of the efforts undertaken so far. "Transmission of the disease from numerous sources, from within the country and abroad, were the most horrible threat to the AIDS-free people living here or visiting countries, from where they brought it without being detected", they pointed out.

Quoting the recent tests carried out on those returning from Gulf states, Dr. Abdul Raziq Khan said, "18 out of 30 were found positive", which shows the magnitude of the threat. "The menace becomes even more horrifying in view of the anti-hygienic habits of common man prone to come in contact with the un-detected carriers and patients of AIDS", they emphasised. "Follow up on those found positive carriers of the disease has not been effective, particularly in the NWFP, and there were no reports on the activities of such patients on the loose", they noted.

It was considered to be the main cause for concern that while the entire population of the country was unprotected, the concerned high ups in the government were found reluctant in allowing the electronic media to launch a mass education campaign against AIDS. "The PTV [Pakistan Television] and radio could be the most

effective channels for this purpose but the government does not seem convinced to use them for creating awareness among the people about the causes, dangers and preventive measures against AIDS", remarked one expert, who also complained that the print media too was not playing its due role in this respect. [Passages omitted]

Over 100 Said Infected With AIDS

92WE0159A Lahore NAQWA-I-WAQT in Urdu
27 Nov 91 pp 7, 8

[News Report: "104 Individuals in Pakistan Are Infected With the AIDS Virus; Doctors Should Use Blood (Transfusions) Sparingly and After Proper Investigation"]

[Text] Lahore:(news reporter): Dr. Navid Shaukat, manager of the national AIDS program in Islamabad said that at present 104 individuals in Pakistan were infected with the AIDS virus; 18 had contracted AIDS and of these, 16 died. He made the statement recently in a seminar on the role of high officials in AIDS prevention held in the blood transfusion department here. The seminar was arranged with the help of the World Health Organization. Dr. Sakhia Sakha Ullah, director of the blood transfusion service in Punjab, also addressed the seminar. Dr. Navid Shaukat said that AIDS had been brought under control to a great extent in Europe and the United States but that it was spreading in Asia. Reportedly, at present 1 million individuals worldwide were suffering from AIDS and the number of AIDS patients in Asia was now comparable to that of Europe. Dr. Navid Shaukat said that AIDS was spread through the HIV virus transmitted from one person to another through blood transfusions, at the time of birth, and by the use of contaminated syringes, and that the incubation period could be from six months to 10 years. He said that Punjab had the largest number of blood donors but that AIDS screening tests were not available in some areas. It was thus necessary for doctors to use blood [transfusions] as little as possible and to do so only after proper investigation. Dr. Sakhia Sakha Ullah said that the World Health Organization had designated the blood transfusion department in Lahore as the province's local point where the latest AIDS diagnostic tools and personnel were available.

HIV Infection in Children

92WE0104A Kiev VRACHEBNOYE DELO in Russian
No 7, Jul 91 pp 11-17

[Article by Prof V. I. Dmitriyev, Leningrad, Scientific Research Laboratory of Immunology, Virology and AIDS (Chief—Senior Scientific Associate V. G. Morozov), Military Medical Academy imeni S. M. Kirov]

UDC 616-053.2/.5-097

[Text] According to retrospective analysis, which revealed antibodies against the agent of the acquired immune deficiency syndrome (AIDS) in surviving blood sera from patients, the first cases of human infection were observed in Africa in 1959, and in the USA beginning in 1977. However, a sporadic increase in incidence of pneumocystic pneumonia (15 cases) and Kaposi's sarcoma (26 cases) accompanied by severe deficiency of cellular immunity among young homosexual men in major cities of the USA was not noted until spring 1981. Such pathological states were encountered previously among senile patients with severely suppressed immunity almost exclusively. Beginning in 1982, AIDS was revealed in inhabitants of Western Europe [5].

French researchers were the first to report on the AIDS virus in 1983 [27]; a year later it was isolated in pure culture, and a test system by which to detect it was created [24,25]. The AIDS agent was found to be a T-lymphotropic retrovirus, which later came to be called HIV—human immunodeficiency virus (in Soviet literature, VICH—human immune-deficiency virus). HIV belongs to the retroviruses—a family of RNA-containing viruses possessing the enzyme revertase (reverse transcriptase) necessary for synthesis of DNA on a matrix of viral RNA, after which the newly formed DNA is incorporated into the genome of the host cell.

Two serological variants are known reliably today—HIV-1 and HIV-2. Within the framework of the family of retroviruses, HIV belongs to the subfamily of lentiviruses, which also include cat T-lymphotropic virus, monkey and cow lentiviruses, Visna and medi viruses, and others. The possibility is not excluded that HIV is an African monkey virus that has adapted itself to man. However, significant differences in their structure indicates that this happened as a result of genetic recombination (gene exchange) between monkey viruses [3,13].

AIDS agent selectively afflicts cells possessing an external SD₄ receptor, related to the sheath structures of the virus (glycoprotein gp 120 in the case of HIV-1, and gp 105 in the case of HIV-2). Such "targets" primarily include immunocompetent cells—the principal "soldiers of immunity" [17]: T₄-lymphocyte-helpers (inductors), macrophages and monocytes. Among nonimmunocompetent cellular elements, astrocytes—glial cells of the central nervous system, epithelial cells of

the rectal mucosa and vascular endothelium—are carriers of the SD₄ receptor, and are consequently HIV reservoirs [5]. The earliest stage of development of HIV infection is affliction precisely of T₄-lymphocyte-helpers, which are responsible for interaction between the numerous cells that protect the individual from microbes, viruses and mutated cells of the organism itself.

As we know, migration processes assumed global scope in the second half of the 20th century. HIV began to migrate from small isolated regions (reservoirs of dormant viruses) in Africa to the cities, where all forms of life and sexual contacts were different than in tropical rural settlements. When the HIV genome is incorporated into the genetic apparatus of an afflicted cell, the organism becomes a lifelong virus carrier. The latent period of HIV infection (it may last 8 years or more) proceeds asymptotically in the infected individual, and yet he is still capable of transmitting the virus to other persons during this time.

In accordance with WHO recommendations, we distinguish between the stage of carrying the virus asymptotically and four clinical stages of HIV infection—initial (acute), persistent generalized lymphadenopathy (PGL), associated complex (AIDS-AC or pre-AIDS), and clinically developed (full-scale) AIDS, the final stage of HIV infection. Clinically developed AIDS is a disease of viral etiology proceeding with affliction of the immune system (chiefly the cellular component) and the nervous system, manifesting itself through development of serious infectious (parasitic) diseases and (or) malignant neoplasms, as well as through signs of encephalomyelopathy [2,5,10,11,19].

In our country, a new clinical classification of HIV infection was proposed on the basis of experience in working with infected children [9]: incubation; the stage of primary manifestations (acute infection, asymptomatic infection, generalized lymphadenopathy); the stage of secondary diseases (stages A, B and C); the terminal stage.

Clinical specialists, including pediatricians, must view the course of a new, slowly proceeding retrovirus infection in its entirety. A knowledge of these principles is necessary for early detection of HIV infection, because preventive measures are most effective in the period when the virus is carried asymptotically. This will make it possible to prevent transmission of the virus from one person to another, and for medical workers to promptly prescribe the optimum treatment prior to development of lethal infectious complications, invasions and cancers.

HIV infection was diagnosed in children in 1982. In the opinion of Dzh. Modlin [transliteration], of the Johns Hopkins Medical School [6], "children and adults are completely different hosts for HIV, and age may have an effect on the course of illness."

The epidemiological situation in regard to HIV infection in the world is presently complex. In cities of Africa with the highest level of infection, up to 5 percent of women of childbearing age have AIDS, and 5 percent of the children manifest clinical signs of disease during the 2 years after birth. The total fraction of children among AIDS patients in Africa is 10 percent and more. In the USA, the risk of infection is carried predominantly by children of the male sex. In Africa and Latin America, the number of boys and girls among infected individuals is approximately the same [4,15]. Anthony Fosi [transliteration], director of the American National Institute of Allergic and Infectious Diseases, believes that there are 1.2 million AIDS patients and 10 million virus carriers in the world, of whom a third are children who were infected by their mothers [7].

In our country, cases of HIV infection have been registered in 12 out of 15 union republics. By the end of 1990 almost 600 Soviet citizens were infected with the virus. The number of infected individuals predicted in 1991 will be 6,200, and by 2006 around 50 million persons may be infected in the USSR, according to a scientific prediction. Immune-deficiency virus strikes children and young persons predominantly. More than 270 children have already been infected in hospitals in large cities (Volgograd, Rostov-on-Don, Stavropol, Elista, Shakhty), of whom 18 have died. After the year 2010 the threat that up to 40 percent of the country's young generation will die becomes real [1].

Three basic pathways of infection of children with HIV have been revealed: transplacental, during blood transfusions and other parenteral manipulations, and from mother to child during breast-feeding. Intrauterine transmission of infection can be detected beginning with the 15th week of pregnancy. Infection of the infant may also occur during its passage through the birth canal. The possibility of infection of children at an unusually high frequency during nursing, with the infection being transmitted from mother to child and from child to mother, was demonstrated for the first time [9]. Fifty to 70 percent of all children born to infected mothers are infected by HIV. After intrauterine infection, children are often born prematurely, and with various neurological disorders. They develop poorly, they are prone to repeat infections, and their lymph nodes, liver and spleen are perpetually enlarged. The first signs of disease often include candidosis of the skin and mucous membranes, pneumocystic pneumonia, persistent enteritis and weight loss. Psychomotor development falls behind, and so-called AIDS-embryopathy arises in certain cases (growth is disrupted, and microcephaly develops) [15,18].

The latent period of the disease is shorter in children than in adults. More often than in adults, AIDS-related illness begins with elevated temperature and with enlargement of lymph nodes, liver and spleen. Children quickly grow thinner and weaker. Dermal pruritis, patchy papular rash and hemorrhagic eruptions caused

by thrombocytopenia develop very often. More frequently than in adults, lungs and the intestine are afflicted, neurological symptoms taking the form of encephalopathy, seizures and convulsions develop, parotitis and anemia arise, opportunistic infections proceed more malignantly, and they yield to treatment with greater difficulty. Children infected by the intrauterine pathway or as a result of transfusion of infected blood die within 8 months after the beginning of illness [20].

The clinical course of AIDS in children is conditionally divided into five types: pulmonary, gastrointestinal, cerebral, disseminated and undifferentiated [5,11,15]. In pulmonary forms, pneumocystic and cytomegaloviral pneumonia or pneumonia elicited by avian tuberculosis bacillus, coupled with development of the clinical pattern of atypical tuberculosis, often develops. The disease may manifest itself as mediastinal or apical adenopathy, on its own or in combination with lobar infiltrates; a disseminated process is possible as well. Lymphocytic interstitial nonspecific pneumonia that is not associated with any disease agent but manifests itself clinically only as hypoxemia is commonly taken to be a unique affliction of the lungs in children with AIDS. The process in the lungs intensifies or abates periodically, and it may not manifest itself for many months and years. Opportunistic infections do not usually occur in such patients [11,18].

The gastrointestinal form manifests itself as enteritis or enterocolitis, usually elicited by fungi and protozoans. Especially typical of this form is invasion of oral and esophageal membranes by *Candida* fungi. Long-lasting salmonellosis, staphylococcal enterocolitis and other diseases are also encountered. Weight loss coupled with progressing dystrophy is the most typical. Mesenteric lymph nodes, the liver and the spleen are often enlarged. Mesenteric lymphadenopathy is often elicited by avian tuberculosis bacilli, and liver and spleen afflictions arise secondarily as a rule due to complication by viral hepatitis B, Epstein-Barr infection, atypical tuberculosis etc. [15].

In the cerebral form we observe development of toxoplasmic cerebral abscesses, herpetic or cytomegaloviral encephalitis, primary or secondary B-cell lymphoma, hemorrhaging into the substance of the brain, unique neuropathy and chronic meningitis, and in some cases seizures and encephalopathy; brain weight gain is arrested [15,18].

Kaposi's sarcoma is encountered significantly more rarely in children suffering AIDS than in adults; however, it proceeds in a more malignant form. The centers of affliction appear on the head, torso and mucous membranes of the oral cavity and the digestive channel. These places of affliction are completely uncharacteristic of typical Kaposi's sarcoma, the signs of which are noted

in adults predominantly on the limbs, and almost exclusively in senile persons. Among other cancerous processes associated with AIDS in children, primary cerebral lymphoma, Burkitt's lymphoma, immunoblastic sarcoma, macrocyte lymphoma etc. are encountered [12].

Thus development of not less than two basic symptoms in children may be said to be the first clinical manifestation of HIV infection: weight loss or slow growth; chronic diarrhea, lasting over 1 month; protracted fever. The two basic symptoms must be accompanied by not less than two secondary clinical signs: generalized lymphadenopathy; oropharyngeal candidosis; recurring infection of general nature (otitis, pharyngitis etc.); persistent cough; generalized dermatitis; HIV infection of the mother.

The developed clinical pattern of HIV infection in children is distinguished from that of adults by more highly expressed psychoneurological symptoms, by frequently developing lymphoid interstitial pneumonia, and by rare combination with hepatitis B, Kaposi's sarcoma and lymphomas. Bacterial sepsis and lymphopenia occur rarely in children; in some children, a normal helper-suppressor coefficient is noted (although the number of T-helpers and suppressor lymphocytes may be simultaneously reduced in the late stages of the disease), hypergammaglobulinemia is more pronounced, and so on.

The problem of timely laboratory diagnosis of HIV infection in children is complicated by the fact that antibodies against the AIDS agent may sometimes not appear in blood until 15 months after infection, and in the first 6 months of life, the antibodies that are determined are maternal [29]. Antibody synthesis may be suppressed due to affliction of B-lymphocytes. In contrast to adults, not only T-cells (helpers) but also B-lymphocytes suffer in children, which in a number of cases promotes development of opportunistic bacterial infections and sepsis [5,16,22,28].

Revealing immune-deficiency virus, and not antibodies to it, has important significance to dependable diagnosis of HIV infection in children. Detection of genetic material of the virus by molecular hybridization (revelation of HIV nucleic acids), determination of the activity of reverse transcriptase—the marker enzyme of retroviruses, and of HIV core antigens (for example p24 protein) by heterogeneous immunoenzymatic analysis, and isolation of pure virus culture play a priority role in this case. Laboratory analyses frequently do not permit serological detection of HIV infection in children with a high degree of probability, and therefore the diagnosis must be based on determining risk factors in children and the clinical signs of a disease that serves as an indicator of AIDS.

According to the CDC/WHO definition of disease cases [11,14,26], definite specific diagnosis of one out of the 12 AIDS-indicating diseases in category I permits a

clinical diagnosis of AIDS in the absence of a serological blood test, or even if the latter is negative (!). For children, these diseases include candidosis of the esophagus, tracheae, bronchi and lungs; extrapulmonary cryptococcosis; cryptosporidiosis coupled with diarrhea lasting more than 1 month; cytomegaloviral afflictions of any organs (except for or besides the liver, spleen and lymph nodes in a patient older than 1 month); infection caused by herpes simplex virus and persisting over a month in a patient older than 1 month; lymphocytic interstitial pneumonia in children up to 13 years old; pneumocystic pneumonia; toxoplasmosis of the central nervous system in patients older than 1 month, etc.

According to WHO recommendations, dependably demonstrated presence of AIDS-indicating diseases of category I in children in the absence of other causes of immune deficiency, such as prolonged treatment by immunodepressants, radiation therapy, oncological and hepatological diseases, and absence of congenital or acquired immune deficiencies in connection with lymphogranulematosis, myeloma and lympholeukosis allows a diagnosis of AIDS.

There are also 12 category II AIDS-indicating diseases, presence of which permits an AIDS diagnosis only in the case of HIV-seropositive (!) repeat reactions in immunoenzymatic analysis and in the immunoblot [transliteration] test [11]. They include bacterial infections that are combined or recurrent to up to 13 years (more than two cases in 2 years of observation)—septicemia and pneumonia caused by hemophilic bacilli and streptococci; disseminated (extrapulmonary) coccidioidomycosis; HIV encephalopathy (HIV dementia); isosporosis coupled with diarrhea persisting for over a month; Kaposi's sarcoma in children of different ages; cerebral lymphoma; other B-cell immunoblastic sarcomas at any age; extrapulmonary tuberculosis; recurrent salmonellar septicemia (not by Eberth's salmonella); HIV dystrophy (emaciation, dramatic deterioration), etc.

In the absence of AIDS-indicating diseases, the following diagnoses are established in HIV seropositive children according to WHO recommendations: asymptomatic carrying of HIV, persistent generalized lymphadenopathy (PGL), and AIDS-associated (or related) complex (AIDS-AC or AIDS-RC). In accordance with the Soviet classification, HIV infection may be referred to: in the incubation stage; in the stage of primary manifestations (acute infection, asymptomatic infection, generalized lymphadenopathy); in the stage of secondary diseases (stages A, B, C); in the terminal stage. As we know, only cases of clinically developed (full-scale) AIDS are subject to WHO registration. All cases of HIV infection are registered in the USSR [9,11].

Prescription of therapeutic drugs against HIV infection in children must follow a particular succession. Antiviral drugs should be used first: azidothymidine, which blocks revertase and suppresses synthesis of viral nucleic acid; after that duplication of "reservoirs" (T-helpers, monocytes, macrophages etc.) in which the viruses live and

accumulate must be "decelerated," for example by cyclosporin. Next, antiviral immunity should be stimulated, after which the entire immune system may be activated. Serotherapy by specific monoclonal antibodies and immunoregulatory, immunosubstitutional and symptomatic (against secondary infections) treatment should be carried out at all clinical stages of development of HIV infection, as a preventative means and in response to medical indications [11,21,23,28].

Azidothymidine, suramin, ribavirin (virazole), cyclosporin A, interferon etc. are used in children for antiviral treatment. Good results have been obtained with prescription of azidothymidine at a dose of 20-30 mg per kilogram body weight, daily four times a day by mouth over a period of 4-6 weeks. Complications are possible: headaches, arousal, nausea, vomiting, leukopenia and anemia. Foscarnet [transliteration] (a reverse transcriptase inhibitor), the antiviral drug ribavirin, the immunodepressant cyclosporin A and others are less effective [15].

Immunity is restored with timalin, T-aktivin, interleukin-2 [transliterations], levamisole (dekaris [transliteration]), sodium nucleinate, indomethacin etc. [4]. Their therapeutic effect is higher when combined with antiviral drugs. Leukocytic and recombinant interferon possesses antiviral activity, and evokes regression of Kaposi's sarcoma associated with HIV infection, but it does not improve the indicators of immune status in children stricken with AIDS [11,15].

Various antibiotics and sulfanilamides are used to suppress the activity of conditionally pathogenic bacterial flora complicating the course of HIV infection. When protozoic flora are present, trimethoprim-sulfamethoxazole, pyrimethamine-sulfamethoxazole, pentamidine etc. are prescribed. Fungal complications are treated by amphotericin B, nystatin and levorin. Asymptomatic virus carriers suffering "HIV-associated" and AIDS-indicating diseases must be subjected to clinical examination and treatment, infectious disease offices must be organized in pediatric polyclinics, and legal protection must be afforded to children infected with HIV and stricken with AIDS, which in a number of countries is still absent or violated [15].

It is very difficult to prevent HIV infection in children, inasmuch as women in high risk groups must be tested prior to the onset of pregnancy, which is practically impossible to do, though extremely necessary. In Bulgaria for example, all pregnant and newlywed women are subjected to mandatory immunological testing [6]. All HIV carriers are potential patients. Mortality associated with AIDS is 40-60 percent, and as the time of observation of patients increases, it may exceed 90 percent.

The epidemic control measures associated with HIV infection in pediatric medicine are the same as with viral hepatitis B. They must be organized with regard for the fact that children are usually infected in high risk families (HIV carriers, drug addicts, homo- and bisexuals,

prostitutes etc.). Therefore an all-out struggle for a healthy way of life must be the principal focus. Control over dependable disinfection, presterilization and sterilization of needles and syringes, intravenous probes and surgical instruments, together with use of the azopyram test, has extremely important significance. The latter is 10 times superior in sensitivity to the amidopyrine and benzidine tests in revealing trace quantities of blood on medical instruments. The components of azopyram are: amidopyrine—10 percent; hydrochloric aniline—0.10-0.15 percent; 95 percent ethyl alcohol—up to 100 percent. Control over the use of disposable syringes is necessary, because cases of their reuse are known. Hemodialysis systems must be safe, and intravenous (catheterization) and other invasive methods of treating children must be maximally limited. To prevent transmission of infection during breast feeding from the mother to the child and for the first time from the child to the mother, cessation of breast feeding should be recommended in the event of HIV infection in the mother and the child as an epidemic control measure.

Service personnel that come in contact with persons undergoing testing, with virus carriers and with AIDS patients, as well as with laboratory workers testing biological materials of such patients must be examined for the presence of HIV antibodies once a year. Blood serum from seropositive children should be subjected to special laboratory testing not less than twice a year, while the children themselves should be examined periodically and kept under observation by infection specialists [15].

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Another AIDS Carrier Found in Lithuania

OW1212055891 Moscow BALTFAX in English
2111 GMT 11 Dec 91

[Following item transmitted via KYODO]

[Text] According to the AIDS Prevention Center at the Lithuanian Health Care Ministry, one more carrier of the AIDS virus, a foreigner, has been recently revealed in Lithuania. He voluntarily passed an anonymous test for the virus at the center. He told medics that he had had sexual contacts in Lithuania. All the people close to the carrier are now being tested.

Earlier, 10 AIDS carriers have been registered in Lithuania.

It was recommended to the man to get registered in the AIDS Prevention Center in his native country.

Medical Experts Alarmed at Spread of AIDS

LD2312092291 Moscow Radio Moscow World Service
in English 1300 GMT 20 Dec 91

[Text] Medical men in the country are very much alarmed about the possible spread of AIDS, and want to ask the Parliament of Russia to sharply increase spending on producing effective drugs against that deadly disease.

In their opinion, the money can come from disarmament and conversion of the arms manufacturing industry.

According to a forecast made by a computer, there could be up to 2,500,000 bearers of the AIDS virus by the end of the decade, and the peak of the epidemic could be in the year 2030, when the number of virus bearers will increase many times over.

AUSTRIA

Experts Criticize AIDS Policy; 696 AIDS Cases To Date

AU2201153492 Vienna *WIENER ZEITUNG*
in German 22 Jan 92 p 7

[Unattributed report: "AIDS Prevention Imperfect and Unsystematic"]

[Text] Austria's AIDS policy is not properly organized, support for AIDS patients is deficient, and health workers and trainees are not thoroughly informed. This is the criticism of seven Austrian experts in a study on Austria's AIDS policy. The experts have come to the conclusion that AIDS prevention and further training must be comprehensively reorganized.

The project was financed by the medical-scientific fund of the mayor of Vienna. It involved experts of the Regional Scientific Documentation Center, the Vienna University Institute for Social Medicine, the Ludwig-Boltzman Research Institute for hospital organization, Department 17 of Vienna's municipal authorities, and the Harvard School of Public Health.

By 16 January 1992, a total of 696 people had contracted AIDS in Austria, 386 of whom have so far died. According to calculations by the experts, the number of AIDS cases (including those who contracted the disease and those who died) will be above 1,000. As early as 1996, there will be more than 1,000 AIDS patients in Austria. Said Dr. Gerald Haidinger of Vienna University's Institute for Social Medicine: "When people now speak of an 'explosion' of the number of HIV infections among the heterosexual population I call that panic-mongering. From the very beginning HIV infections spread among other groups of society than the homo and bisexuals." Between 1982 and 1989, for example, 115 of those who were HIV positive were hemophiliac patients.

The authors of the study particularly criticized the practice of HIV tests in Vienna hospitals. Because of the low percentage of infected people it is not necessary to test all hospital patients. That practice means that the patients lose their right to "be treated as if they were HIV negative even though they are possibly HIV positive." The authors emphasize that nobody must be directly or indirectly forced to undergo such a test.

Despite all worries, AIDS will not constitute an excessive burden for Austria's hospital system: in 1989 the average 1.3 million schillings spent on the treatment of each patient only accounted for less than 0.1 percent of overall hospital expenses. No significant changes are expected, the authors noted.

According to the paper, hospital staff are not offered sufficient opportunities for further training related to

AIDS. Moreover, any such activities are "not systematic." Out of 15 institutions that offer treatment, most of which are hospitals, only four stated that their staff had special training.

In most cases the patients have no access to additional opportunities for advice.

A survey carried out by the authors in the various Austrian provinces also highlighted deficiencies. The authorities in Styria stated that AIDS policy was a matter for the "federal level." In Burgenland, for example, HIV testing is not anonymous, nor has access to narcotics substitutes been changed or made easier. In Carinthia, Upper Austria, and Burgenland sterile syringes are unavailable to intravenous drug addicts.

The authors criticize the fact that up to 1991 as far as AIDS policy is concerned all responsible sides relied too much on the Aidshilfe organization, which went bankrupt in 1991. This organization was not qualified to carry out the general information campaigns.

Information activities were only carried out "half-heartedly," both in schools and in the federal army. Here the authors found fault with the "restrictive policy" pursued by the Education Ministry. Moreover, there was no intensive accompanying evaluation of the information campaign.

The experts give the following advice: "It appears to be essential to carry out a comprehensive reorganization of all measures related to health policy in the area of AIDS prevention and further training. This applies to forming political opinion and defining political objectives as well as for the requirements related to organization, staffing, and financing."

DENMARK

Minister Approves AIDS Vaccine Funding

92WE0111B Copenhagen *BERLINGSKE TIDENDE*
in Danish 26 Oct 91 p 5

[Unattributed article: "New Hope for AIDS Vaccine"]

[Text] A research team at Hvidovre Hospital is hoping a year-and-a-half from now to be able to test an AIDS vaccine on Danish HIV and AIDS-infected individuals, writes DET FRI ACTUEL. Health Minister Ester Larsen (Liberal) has guaranteed Hvidovre Hospital the approximately five million kroner that is necessary to insure continuation of the research and the startup of testing in Denmark. If successful, the vaccine will be able to prevent the AIDS virus from multiplying in the body.

AIDS Deaths Traced to Contaminated Blood Supply*92WE0111D Copenhagen BERLINGSKE TIDENDE in Danish 28 Oct 91 p 1*

[Article by Louise Fleischer: "Every Fourth AIDS-Infected Hemophiliac Is Dead"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] The scandal concerning the unscreened donor blood from the mid-1980's has had tragic consequences.

One out of every four of the 89 Danish hemophiliacs infected with AIDS in the early and mid-1980's by means of unscreened donor blood is dead today. And half of the survivors have had difficult and serious HIV-related illnesses.

According to one prediction, 50 percent of hemophiliacs will have full-blown AIDS in four years.

This is the conclusion of a new and still unpublished report from Denmark's Hemophiliac Association. The report is the result of a three-and-a-half year long project, "Hemophiliacs and AIDS," and it reveals great social and human costs for HIV-infected hemophiliacs.

They have more colds, more frequent headaches, and more eczema than other hemophiliacs. Many of them have experienced feelings of isolation and being without close friends, the survey shows.

But many hemophiliacs do not say they are infected. One survey shows that HIV-infected hemophiliacs are afraid they will be stamped as homosexuals or drug addicts. They harbor feelings of being "infested or defiled." Consequently, they are guarded about their illness and rarely tell their fellow workers that they have the HIV infection. Even so, 40 percent of them have experienced being "looked down upon, avoided, or put down" because of the HIV infection.

The 89 hemophiliacs were infected through infected blood used in the vital medicine, blood preparation "Factor VIII." The medicine was manufactured from unscreened donor blood. The matter developed into a scandal which ended in a judicial investigation, an administrative court case, and a criminal case. Even so, the blame was never fixed.

Agency Studying Employer Policy on HIV*92WE0111C Copenhagen BERLINGSKE TIDENDE in Danish 4 Nov 91 p 2*

[Article by Bodil Jessen: "The Medical and Health Board Investigates AIDS Policy Among Business Firms"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] AIDS: Of 2,000 businesses, very few have formulated a definite AIDS policy, according to the results of a current survey undertaken by the Medical and Health Board.

Hardly any Danish businesses have established what they will do if one of their employees is infected with the HIV virus, which causes AIDS.

The Medical and Health Board is currently engaged for the first time in a survey of how many Danish businesses have introduced an AIDS policy into the workplace. The current results of a survey taken of 2,000 Danish businesses shows that only about one percent have set down a definite AIDS policy.

There are HIV infected individuals at two to 3,000 Danish businesses, the Medical and Health Board reported.

"Businesses should take a stance on the AIDS problem before it affects one of their employees. That way we can avoid it becoming a personal problem for the HIV-infected individual. It should be discussed thoroughly in the workplace so that colleagues do not become nervous because of ignorance of the HIV infection," said Henning Jorgensen, a spokesman for the Medical and Health Board.

Personal problems in the workplace can be major, as a report published last Monday by the Hemophiliac Association concerning the HIV-infected shows. Thoroughly 67 percent of the HIV-infected felt that they were looked down upon by their colleagues because of their disease.

"The problem is not management in the workplace. They have the economic responsibility and merely treat the HIV-infected as they treat their other employees, allowing, for example, the same amount of sick leave. Nevertheless, it is important that a business have a clear policy that fellow workers of HIV's can be guided by. In this way, transfers and threatened work stoppages by colleagues can be avoided," said Ronny Soderstjerne, chairman for the HIV positive group in Copenhagen, which counts 300 HIV-infected.

Not Fired

The Danish Employers Association (DA) also strongly encourages businesses to introduce an AIDS policy before they encounter the problem. Attorney Dorthe la Cour from DA says that it is typically the biggest businesses who decide to put in place a general AIDS policy in order to derail future problems. Grundfos, FDB [Federation of Danish Farm Organizations], P&T [Post and Telegraph Office], and DSB [Danish Railways] are among the businesses which today have introduced an AIDS policy.

FDB's head of personnel, Palle Juul Jensen, writes among other things that FDB has introduced an AIDS policy because there is a statistical probability that the disease sooner or later will hit one of its 14,000 employees.

FDB's AIDS policy establishes that HIV-infected individuals should be treated like other employees and that they may not be fired merely on the grounds of HIV infection.

The Medical and Health Board last month distributed informational materials to all businesses with over 30 employees.

The objective was partly to urge businesses to put an AIDS policy in place and partly to eradicate prejudice among employees by means of the informative material.

Next spring the Medical and Health Board will determine whether the campaign succeeded in inducing more businesses to formulate an AIDS policy.

'Safe-Sex' Habits of Homosexuals, Bisexuals Studied

92WE0173B Copenhagen BERLINGSKE TIDENDE
in Danish 28 Nov 91 p 9

[Unattributed article: "Unsafe Sex Among Young Gay Men"]

[Text] The younger they are, the more unsafe sex is practiced, is one of the conclusions in a just completed study of the sexual behavior of homosexual and bisexual men in 1988. Poor information is adduced as the reason. This was the most extensive European study of its kind. The study also showed that on the average gay men had 3.5 sexual partners per year, and that a large number of gay men had changed their sexual habits owing to the risk of AIDS. Among other facts, the practice of anal sex has dropped dramatically.

Figures for HIV Infections in Early 1980's Revised

92WE0207A Copenhagen BERLINGSKE SONDAG
in Danish 8 Dec 91 p 9

[Article by Soren Kassebeer: "Fifty Infected With HIV via Blood Transfusions"—first paragraph is BERLINGSKE SONDAG introduction]

[Text] In the early 1980's 40-50 Danes were infected with the HIV virus as a result of blood transfusions. This figure does not include hemophiliacs infected with HIV.

"Between 40 and 50 Danes—not counting hemophiliacs—became HIV positive following blood transfusions in the black period between 1980 and 1985 when the Danish health authorities had not yet begun to test donor blood."

So said Dr. Henning Sorensen, chief physician at the National Hospital's blood bank.

"This is a rough estimate. We cannot know for sure how many patients acquired the disease, as some died from other causes before the HIV diagnosis was made," Sorensen added.

Although all donor blood is tested for the HIV virus today there is still a risk of being infected via a blood transfusion, according to the chief physician.

"If the donor becomes HIV positive shortly before giving blood, doctors have no chance of detecting the virus. This means that one out of half a million to a million patients will still be infected with the HIV virus," he said.

Dr. Sorensen said that the need for blood transfusions in operations has declined due to improved operating methods.

"In addition doctors have become more cautious about giving blood because there is a risk of transmitting other infectious diseases, for example hepatitis. All in all this means that the need for blood donations will decline in the future."

All the patients who are alive and were definitely infected with the HIV virus following a transfusion have received compensation. The money comes from the same fund that pays hemophiliacs 250,000 kroner apiece in compensation.

AIDS Infection Threat Seen Adding to Jail Sentence

92WE0173D Copenhagen BERLINGSKE TIDENDE
in Danish 18 Dec 91 p 3

[Unattributed article: "AIDS Sentence"]

[Text] "I've got AIDS and I'll bite you if you come any closer." Using this threat, on 6 May 1991 a 23-year-old drug addict and thief from Haderslev attempted to keep two police officers at bay when they attempted to arrest him and his girlfriend. At Vestre District Court yesterday this threat, together with a string of store robberies and the purchase of hashish, earned him a prison sentence of one year and three months.

Government's AIDS Funding Discussed

92WE0186A Copenhagen BERLINGSKE AFTEN
in Danish 24 Dec 91 - 2 Jan 92 p 6

[Article by Pernille Stensgaard: "Ten Years of AIDS"]

[Text] "While other countries, especially England, Australia, the United States, and Canada, have run pure scare campaigns around AIDS, here at home we have used humor and popular wisdom. And in the middle of it all, Denmark introduced registered partnership—recognition of a lifestyle that in other places is subject to hatred. We have come through the first 10 years of AIDS with dignity and good sense. We can be very proud of that," said Bent Hansen of the National Association of Gays and Lesbians. "The Danish policy on AIDS was established already in 1987 and the fine words about anonymity and being voluntary have, in fact, had great practical value, because one may refer to them as official guidelines. I think this early initiative has had much to

do with the good way Denmark has handled this compared with other countries."

The national association has born the brunt of the fight against AIDS ever since the first Dane died of the illness 10 years ago. Health officials asked the association directly to manage the HIV/AIDS campaign for men who had sex with men. In this way, an outstanding cooperation between an official agency and the gay milieu came into being. It is a cooperation that did not exist in the Anglo-Saxon countries, where officials latched onto the well-known campaign trick: A blend of scaring and threatening. The Danish advantage is that the milieu can use words and expressions an official body either does not know or can simply not use without receiving a shower of complaints. Economically the advantage is that every paid campaign worker brings with him a great number of volunteers. Effective and cheap.

Something for the Money

In 1992, the joint endeavor will be included into the budget. The sum of 6.4 million kroner is earmarked for the national association. For the first time, it will not be obliged to solicit funds from the so-called AIDS pool two times a year. In other years, the uncertainty surrounding finances has meant long pauses in the campaign and the interruption of planning. With the exception of the Progress Party, everyone voted to put the association's work directly into the budget. The amount, 6.4 million, is the same as this year.

The total amount of money for AIDS prevention next year will be nearly 28 million kroner, a rise of seven percent, and consequently one of the better years. But more money could and should be used. "It concerns me that more is not done for such a big and expensive illness like AIDS," said Prof. Peter Skinhoj of the Rigshospital's epidemic division.

"An AIDS patient costs about a million kroner in direct hospital expenditures. We estimate that there are at least 5,000 infected in Denmark, that is, a cost of five billion. If a large, well mounted campaign can prevent even 10 cases, it might cost 1 or 2 million. It would still be a tremendously good deal.

"Everybody wants to invest in the lottery. The problem is that some political groups have difficulty defending the use of so much money for a single disease when there are so many others. But this is an area in which they really would get something for their money."

Why should AIDS have priority over other illnesses? "Because AIDS has a very simple set of problems: A little dumb mistake signifies certain death and suffering. Other major causes of death are more difficult to do anything about, as in the case of two of the biggest, auto accidents and suicide. Since apparently we must have the speeds we have, and we do not have a tradition of spending much money for psychiatry, it is correspondingly difficult to make inroads here. With AIDS it is

pathetically easy. AIDS is on the verge of becoming the leading cause of death in the United States between the ages of 15 and 50. It will not be that bad here at home, but it is nevertheless wise to put more money into this—also from an economic point of view."

Sources in the Health Board have said that they have cut many excellent and sensible programs this year because there are not enough funds in the so-called AIDS pool that is distributed to fund preventive work. It will be 3 million kroner next year, and anyone may apply for it. Among the steady applicants are Denmark's Hemophilia Association and the Positive Group, but more and more, guidance counselors and associations are coming and the pool is getting smaller and smaller.

Dr. Else Smith of the Serum Institute: "It is not enough to launch a campaign just one time. A campaign's message lasts an incredibly short while. It draws attention for a certain time, but it must be maintained at the same level and followed up. Later, it is necessary to go into more detail. There are many more nuances than: You must protect yourself with a condom. How much may one kiss and deep kiss and where. When should one put the condom on, etc. People are very confused about AIDS when it comes to the more complicated matters. There is no way around it. There are still various risk groups who must have their own specialized information, and there are constantly new people going in and out of these risk groups. In the last two-three years, one HIV positive has registered each day, but we do not know which "pool" we are drawing from. Is it soon empty? How much of it will women ultimately fill? As long as we do not know this, the AIDS priority must not be lowered."

Of those now showing up infected with HIV, half are men infected by men, 20 percent are drug addicts, 30 percent are heterosexuals. Denmark, as of today, has had 900 AIDS cases, 350 of whom still live, but about 5,000 HIV infected, who sooner or later will develop AIDS.

FINLAND

Fewer Helsinki HIV Cases in 1991

92WE0158A Helsinki HELSINGIN SANOMAT
in Finnish 2 Dec 91 p B1

[Unattributed article: "Fewer Carriers of HIV Than Last Year"]

[Text] In the capital region this year fewer carriers of HIV have been found than last year. The year 1990 was the darkest virus year in history; there were 42 confirmed infections in the capital region; in the entire country there were 91. This year 70 HIV carriers have been found in the entire country, of which about half are in the capital area.

There are about 290 who have gotten infected by HIV in the capital region, 35 of whom are females. At the end of

October and the beginning of November there were 160-170 patients in the Aurora Hospital who exhibited some form of symptoms caused by HIV. There were about 20 actual cases of AIDS.

According to Timo Rostila, the City of Helsinki's epidemiologist, AIDS is under control in the capital region. Since 1987 a so-called AIDS strategy has been carried out in Helsinki. It means that detailed plans have been prepared for AIDS patients. Rostila says that "AIDS patients need many different kinds of treatment services and these have to be ready in advance."

The AIDS strategy is examined yearly. "In the beginning the predictions were too pessimistic, but now they have changed to become more realistic," Rostila stated.

The first man to become ill with AIDS in Finland was a homosexual living in Helsinki. His illness was confirmed in 1983. The relative number of heterosexuals with AIDS has increased since the early years and that of homosexuals has decreased. The proportion of women has also increased. Likewise the virus has infected ever younger people: 20 to 25-year-olds are carriers of the virus to a greater extent than before. On the other hand there are very few carriers under 20 years of age in Finland. The mean age of HIV carriers is about 30.

30,000 Mothers Tested

There are two children in Finland who are carriers of HIV. In Helsinki expectant mothers are tested in maternity centers in order to prevent infection of the newborn. Only 1 percent have refused [testing].

Facts about HIV are taught in the schools of Helsinki. Not one grammar school student in Helsinki leaves school without an understanding of how HIV is transmitted or how to prevent infection from it.

AIDS is still a fatal disease. When the virus is discovered it may take nine or ten years before the symptoms of the actual disease break out.

Altogether 419 people in Finland have been identified as infected with HIV, and of these 94 have been determined to have AIDS.

GERMANY

AIDS Rampant Among Medicated Hemophiliacs

92WE0118 Hamburg DER SPIEGEL in German
No 47, 18 Nov 91 pp 126-133

[Unattributed article: "Death From the Syringe"]

[Text] Half of German hemophiliacs, more than 2,000 men, have become infected with the AIDS virus from drugs. Several hundred have died, there is little hope for the rest. The scandal is still being hushed up by a grand coalition of health authorities, insurance companies, doctors and functionaries.

In France the government is tottering. It tolerated the infection of thousands of Frenchmen with AIDS in the years 1983 to 1985. Every second hemophiliac is infected; 205 have already died. Opposition leader Jacques Chirac calls the "affair" barely "imaginable, it is so awful." The Montpellier committee of hemophiliacs is bringing suit for a "crime against humanity."

"It is terrible," says Jean-Louis Bianco, the minister for social affairs currently holding office, "that now thousands of people have to die because of the transmission of AIDS." The scandal has been mirrored for weeks in the headlines in the French press.

In Germany the government is standing steady and solid. It tolerated the infection of thousands of Germans with AIDS in the years 1983 to 1987. Every second hemophiliac is infected: officially 180 have already died. In contrast to France, the opposition has never spoken out on the affair. The association of those hemophiliacs affected urges: "Quiet! Quiet! Quiet!" In Germany scandal is not a topic for discussion.

The biggest catastrophe involving medicine in the history of the FRG remains swept under the rug. Yet it is much worse than the infamous "Contergan" scandal of the 1960's. Then almost 4,000 children were born with severe deformities as a result of the sleeping aid Contergan which had been prescribed for their mothers.

This time it is the hemophiliacs who are affected. This group of from 4,000 to 6,000 male patients suffers from a congenital coagulant factor deficiency, hemophilia. Because the hemophiliacs were treated with AIDS contaminated preparations in the 1980's, every second patient is now threatened with death.

Exact numbers are lacking. That is part of a strategy that has helped to keep the scandal secret, for years. A grand coalition of doctors, medication manufacturers, insurance companies and hemophiliac functionaries is involved in the maneuvers. The Ministry of Health and its subordinate Federal Health Office (BGA) are assisting in the deceit, the minimizing and delay, as best they can. For they all have a lot to conceal.

"After 1983 no one else should have been allowed to be infected," says Elsbeth Gnade. She is the widow of Wolfgang Gnade, until 1989 deputy chairman of the German Hemophilia Society (DHG). Her husband died in July of this year of AIDS, only 47 years old. "For me that is murder."

"The men were knowingly infected," is also the judgment of Ingeborg Koester, 72 years old. She is, still, second chairman of another patient association, "German Hemophiliac Counselling." Ingeborg Koester lost her son Harald, 37, to AIDS in the fall of last year. Now she assists the (still) living. "Many of Harald's old friends are already in very poor condition."

Tim Gabbert's father remembers "a competitive athlete in peak condition." Looking at him, his illness was not

apparent. He died in 1989, when he was just 18 years old. For many years, his father, Juergen Gabbert, was the president of the DHG, he is now an honorary member. Gabbert is well informed: "Many doctors injected leftover supplies to the very end."

The AIDS virus was in these leftover supplies, and the doctor's injection brought death—even in 1986, five years after alert scientists had pointed out the danger for the first time. The chronology of the scandal can be dated in each instance to the exact day—in Germany as precisely as in France. But many of those involved act as if everything were really a matter of opinion. But it can be proved beyond any shadow of a doubt who made a mistake when—or, more frequently, which doctors, health authorities and drug producers negligently or even knowingly accepted the death of the German hemophiliacs.

In 1982 the first reports of a new, life-threatening infectious disease came from the United States. "Terror from Across the Atlantic" was the title of the very first AIDS report in German (DER SPIEGEL 22/1982). The "mysterious, not infrequently fatal disease" affected, it turned out, primarily homosexuals, drug users, and hemophiliacs; the cause of the infection was in no doubt; the illness was transmitted quite clearly by means of blood or bodily fluids.

That made hemophiliac patients high-risk patients. Because most of them were regularly injected with so-called Factor VIII preparations, coagulant factors that had been filtered out of the mixed ("pooled") blood protein of thousands of donors.

This treatment was extremely expensive (many hemophiliacs cost their AOK [General Health Insurance Plan] 1 million German marks [DM] a year), extremely profitable for the Factor VIII manufacturers and very popular among hemophiliacs in spite of numerous side effects: It removed the patients' fear of fatal incidents of hemorrhaging and gave them mobility, because their joints were exempt from spontaneous hemorrhaging during Factor therapy. A half dozen large "centers" provided medical treatment to German hemophiliacs; the largest one was in Bonn (800 patients).

The head doctor there, the hematologist Professor Hans Egli, was regarded as the pope of hemophiliac therapists. His practice was to give "high dosages" of coagulant factors. Besides fame it also brought a great deal of annoyance: Egli's senior physician, Franz Etzel, accepted almost DM2.5 million in bribes from the drug manufacturers; his punishment: 22 months in prison (on probation) and DM600,000 in fines.

No one among the experts was surprised that the very first German AIDS death was a hemophiliac from Bonn, a patient of Dr. Egli at the "Institute for Experimental Hematology and Blood Transfusion." The patient died in the spring of 1982. He had been treated, like the other patients, with high-dosage Factor VIII preparations, made in the United States. There, often quite obscure

drug companies mixed the desired medications for the German market. The blood often came from the poorest of the poor in the south of the country, who were bled for a few dollars.

The statement that "treating hemophiliacs with pooled plasma concentrates" for these patients "represents a particularly great risk of AIDS," appeared at the beginning of January 1983 in the respected U.S. medical periodical NEW ENGLAND JOURNAL OF MEDICINE. Anyone who wanted to hear, could hear: On 18 January 1983, Johanna L'age-Stehr, professor at the Office of Health, gave her first warning lecture to the Berlin Microbiological Society on the "new infectious illness AIDS" and its risks, including those for hemophiliacs.

Two weeks after DER SPIEGEL had published its first cover story on AIDS (23/1983) and an "Epidemic That Is Just Beginning," German hemophilia experts met with virologists, drug manufacturers, and health bureaucrats for a crisis conference, as befitted their position, in the Airport Hotel at Frankfurt/Main.

Professor Luc Montagnier had come from Paris and lectured on his discovery of the AIDS virus. On his departure he gave the German professor of hygiene Friedrich Deinhardt the AIDS virus culture in a refrigerated container as baggage to be carried to the United States; there Deinhardt met Robert Gallo, who later also sighted the virus, thanks to this assistance.

Why on this day at the latest, 18 June 1983, the alarm bells did not go off among the assembled experts, why the otherwise customary and proven legal epidemic and drug measures were not set in motion, can only be understood if the widely diverging interests of the participants are considered.

The meeting was sponsored by the "Immuno" drug company from Vienna, heavily involved in business with the hemophiliacs. It was moderated by Professor Deinhardt from Munich, to whom any talk of infected blood products was anathema, for he had after all just developed a new vaccine against the blood disease hepatitis. Deinhardt claimed at the time through the authority of his office (but without a shred of evidence), that at the most 5 percent of those infected with AIDS would become ill. The first Egli death, according to Deinhardt, was "erroneously" described as an AIDS victim.

Among the participants were the heads of all the German hemophiliac centers. In the best case, the imminent catastrophe surpassed their powers of imagination; in the worst case they were probably thinking more of their business and not of their patients.

The Ministry of Health in Bonn remained idle. At the time when a policy course should have been established, it was being administered as a secondary office by the secretary general of the CDU, Heiner Geissler. He was interested in election strategy and the "New Poverty."

Mountain climber and fitness fan Geissler had no time for drugs and the prophylaxis of epidemics.

Unfortunately, Geissler's successor in office, Rita Suessmuth, appointed in September 1985, proved to be only a show star. A qualified French teacher, Catholic by vocation, and soft women's libber, she misunderstood the disease AIDS as a psychosocial problem. She wanted, according to the title of her book on the subject, to show "Ways Out Of Fear," not ways out of danger.

Rita Suessmuth ensured that Germany (along with the Netherlands) is one of the few countries in the world that has no requirement for a doctor to report a case of AIDS. The number of persons infected with the sickness-generating HIV virus is as unknown as that of those suffering from AIDS or who have died from AIDS. In Germany harmless gonorrhea must be examined, glanders and influenza must be reported—the fatal disease, AIDS, is, in the best instance, reported voluntarily. The obscure area is large.

Hemophiliacs estimate that at least 400 or 500 of their fellow sufferers have so far died of AIDS; the Federal Health Office quotes their number at only 180. Death certificates are issued by the therapists at the hemophiliac centers (where the patients contracted their deadly infection); any report to the "AIDS Center of the Federal Office of Health" is voluntary.

The Bavarian minister Peter Gauweiler, who became known across Germany as the result of his anti-Suessmuth position in the matter of AIDS, calls the behavior of the responsible health officials in Bonn quite simply a "crime." He finds totally "incomprehensible" the "delay in the application of existing, protective legal regulations" and the "absence of any willingness to devote the necessary attention to the early recognizable dangers." In Gauweiler's words: "Hemophiliacs were infected over a period of many years with a fatal viral illness."

One of the principal guilty parties in this drama is the Berlin Federal Health Office, a giant authority that maintains 2,750 workers, among them 850 academics. The BGA did not listen to its alert Professor L'age-Stehr. Instead, the problem of AIDS infection from blood products—when every day counted—was dragged out with a nonchalance as though it were a matter of the sniffles. Mrs. L'age-Stehr is no longer permitted to be involved with AIDS and is not allowed to give interviews on the subject.

The lethargic tempo of the BGA was established at the time by its drug company-friendly president, Karl Ueberla, whom his subordinates mockingly called "Karlichen Ueberall" [Karl Everywhere] or "Di-Mi-Do" [Tu-Wed-Thu], because he frequently lasted only three days in the office, but was busy otherwise looking after all types of secondary business, and for this reason he had to step down from the president's office in April 1985.

The dates of the chronique scandaleuse [chronicle of scandal] of the Ministry of Health and its senior authority, the BGA:

—At the beginning of September 1983, the Ministry in Bonn goes to the public for the first time in the matter of AIDS and claims it had "introduced accelerated measures to effectively suppress a possible spread of the illness through blood and plasma preparations."

—On 25 October 1983 a panel of experts from the Ministry of Health recognizes that "no cause exists for the fear" that the fatal immune deficiency could be "transmitted by means of coagulant products."

—About 120 experts gathered in Berlin at the invitation of the BGA on 14 November 1983 in order to complete a Factor VIII hearing. The tenor of the industry: There is no danger; AIDS is not an infectious disease. Ueberla says in his concluding statement: "The BGA will make its decision about Factor VIII preparations by the end of March 1984."

—That did not happen until 8 June 1984. The BGA imposes a few restrictive measures, but decides against a possible immediate enforcement, asks the drug companies for "rebuttal," and grants a generous "period of adjustment" until 31 December 1984.

—The period extends until 1 October 1985. Starting on this day, only AIDS-safe ("deactivated") coagulant factor preparations may be offered for sale.

But this official decision by no means marks the end of the risk. The Ministry of Health, now headed by the veterinarian Dieter Grossklaus, abandons all energetic measures. It declared, four years after the problem surfaced, the lethally dangerous drugs to be "no longer marketable." This empty phrase now shifted the responsibility for checking to the 11 land "Main Authorities." What happened with the preparations still in existence at the manufacturers, wholesalers, clinics, and drug stores is not known. Their storage life in most cases was two years—until the fall of 1987.

In any event, there was no official "recall action" anywhere, usually announced through the unmistakable "Red-Hand-Letters" to all German doctors.

What the bumbling meant for the hemophiliacs can be seen from the numbers: At the Heidelberg hemophiliac center in 1981 all the patients tested were free of AIDS, as the later test of frozen blood samples showed; in 1984, 67 of the 160 patients were already infected with the fatal disease. No surprise: Munich virologist Gert Froesner has proved that all the plasma pools tested that were shipped from the United States to Germany in 1984-1985 contained HIV antibodies and were "probably infectious as a result."

The Swiss hemophilia expert, Professor Alfred Haessig, not involved in the delays in Germany, has calculated that up to 90 percent of all serious hemophiliacs in the FRG became AIDS-positive by 1986. It was not an

unavoidable fate, as the example of the GDR proves: When the Wall fell two years ago, there were exactly two hemophiliacs with AIDS in this nation of 16 million.

In West Germany hemophiliacs and newly operated patients were being infected with the AIDS virus even at the end of the 1980's—from coagulant preparations from Biotest, which had now been subjected to a clearly inadequate "cold sterilization." The company, which is located in Dreieich near Frankfurt, did not withdraw the preparation from the market until April 1990.

Until the bitter end, the prominent hemophilia therapists put off and deceived their patients. When DER SPIEGEL—accurately—put the number of infected and therefore fatally threatened hemophiliacs at as many as 3,000, Egli and six colleagues rejected the connection between a positive test for AIDS and the AIDS illness as "speculation" in a letter to the editor. Supposedly, therapy with the contaminated drugs had a "unseen immunization" effect, so it was as good as a "protective vaccination."

Professors Barthels (Hannover), Egli (Bonn), Landbeck (Hamburg), Lechler (Cologne), Scharrer (Frankfurt), Schimpf (Heidelberg), and Schramm (Munich) stated with one voice: "It would be regrettable if hemophiliacs refrained from treatment with factor concentrates because of the fear of AIDS." Egli patient Oliver Koepchen on the situation in Bonn: Following the articles in DER SPIEGEL, "hundreds of hemophiliacs had to be reassured for hours by doctors from the Hemophilia Center in Bonn, before they continued the treatment with Factor VIII, which is essential to their life."

But only those who withdrew [from treatment] in good time had a chance for survival. The others had been "finally and completely" paid off by the drug manufacturers' insurance companies in 1987-88. The average for a lost life was DM60,000; younger patients had to be satisfied with less. The numbers are being kept secret by agreement, and it is also secret how many AIDS-infected hemophiliacs were still alive then and participated in the deal. Harald Koester and Wolfgang Gnade, the two negotiators for the hemophiliacs, are dead.

All in all, say survivors in the patient associations, the insurance companies got off with about DM110 million. So far no hemophiliac has dared to bring suit against his doctors, the authorities, or the manufacturers of the lethal preparations. That would mean entering the bright light of publicity and—in spite of reduced health—facing years of judicial fighting, the end of which no infected patient would be likely to survive. "We hemophiliacs will keep our mouths shut for 10 or 20 thousand marks," says Carl Caspari from the DHG in Northrhine-Westfalia.

There is also peace between the Association of the Pharmaceutical Industry and the Association of General Local Health Insurers. With regard to the hemophiliacs with AIDS, the two financially powerful giants agreed:

"We are holding to our agreement not to discuss assignment of fault publicly." The insurers, so goes the cynical argument from drug representatives at internal discussions, were now saving a ton of money because fewer and fewer hemophiliacs were requiring medication.

Those who are still alive have long since used up their DM60,000 in the last four years. Their marriages, says Ingeborg Koester, are "for the most part broken." Because the infection with AIDS was concealed from many hemophiliacs for a long time, about 150 wives have been infected. No one is paying them a penny. Still, says one of those affected, "a human life cannot be compensated with money."

In France, a court in Paris put just the mental anguish caused by an AIDS infection in the summer of this year at 1.5 million French francs [Fr] (about DM500,000). The American Kimberly Bergalis, infected by her dentist with the HIV virus, received an award of \$1 million.

From the "pittance with which the German hemophiliacs were paid off" (Koester), the survivors, according to the terms of the agreement, even have to pay "funeral costs" in "the event that the medication damage is so great that the injured party dies."

IRELAND

AIDS Statistics Given, Figure In Dispute

AIDS Coordinator's Statement

92WE0178A Dublin IRISH INDEPENDENT
in English 20 Nov 91 p 14

[Article by Don Lavery: "Heterosexuals Alert on AIDS Risk"]

[Text] The medical profession, and the whole community, should now be aware that AIDS is a heterosexual disease, the National AIDS Coordinator, Dr. James Walsh said yesterday, as the latest figures showed that 93 people have died from AIDS.

But he said medical care now kept people alive longer and they had a better chance of being alive when a breakthrough came and a cure for AIDS was found.

He said initially people lived three to four years with the disease but this had now been pushed to ten or 11 years.

The National AIDS Coordinator said that, given the amount of research into AIDS, by the end of the decade "we may be a long way down the road to effective treatment and a vaccine."

Dr. Walsh said a publicity campaign and a major seminar will be centered on World AIDS Day on 20 November.

Many More Cases Alleged

92WE0178A Dublin IRISH INDEPENDENT
in English 28 Nov 91 p 15

[Article by Stephen O'Brien: "AIDS Toll 'Twice that Revealed by Statistics'"]

[Text] The number of Irish people who have died from AIDS could be double the official government figure because it does not include those in the large Irish community in Britain, President Mary Robinson was told yesterday.

The Positively Irish Action on AIDS (PIAA) group told Mrs. Robinson that many Irish people become involved in "high risk activity" in London and other British cities with little awareness of the dangers involved, because of "the lack of HIV prevention initiatives in Ireland."

PIAA representatives met Mrs. Robinson in London one year ago, when the president travelled to meet Irish emigrants during her election campaign.

On their return visit to Aras an Uachtaran yesterday the London-based group outlined the measures needed in this country to help the Irish at home and abroad:

- "Accessible, explicit, non-judgmental" education on HIV and sexual health issues should be available to everyone in Ireland through schools, youth clubs, statutory and voluntary services.
- Free condoms and needle exchanges to prevent the spread of HIV should be available to all parts of Ireland, not just one Dublin location.
- HIV policies and resources in Ireland must take into account the large Irish community in Britain affected by HIV and AIDS.

Spokeswoman Siobhan Riordan said a survey of AIDS help centres throughout London showed that between 5 and 10 percent of their regular clients were Irish, although just 2 percent of the population in Britain was Irish. And she believed that while official figures showed that 1,122 HIV positive cases had been detected in Ireland, there were at least that many Irish people affected with HIV in Britain.

A report presented to the president contained a claim by an Irish priest that there could be as many as 3,000 HIV positive cases in Ireland—nearly three times the official figure—because of the large number of intravenous drug abusers here.

Father Sean Cassin of the Dublin Merchants' Quay Project said the Irish College of General Practitioners (ICGP) estimated that there were 7,000 intravenous drug abusers in Ireland—mostly in Dublin—and the number who are HIV positive might not be far behind the 64 percent figure among drug abusers in Edinburgh.

SPAIN

Safety of Country's Blood Supply Examined

Health Risk Low

92WE0116A Milan EUROPEO in Italian 8 Nov 91
pp 80-82

[Interview with Pier Mannuccio Mannucci, Milan University hematologist, by Giuliano Ferrieri; place and date not given: "Risky Transfusions? Not in Italy"]

[Text] In France, 460 persons have been contaminated by many types of viruses (those of the various hepatitis and the HIV of AIDS) following transfusions of infected blood distributed "to save on expenses." Can something similar have happened in Italy too?

Hematologist Pier Mannuccio Mannucci, one of the top experts on the subject, firmly denies it. "Statistics confirm it," he says, "look at the hemophiliacs (who, needing continuous blood transfusions, constitute a category that can serve as reference). In Italy there are 700 seropositives compared to 3,000 hemophiliacs. That is still a lot, but it is the lowest percentage of all European countries. They have not increased in recent years. And there has not been even one seropositive case among them after 1985, that is, since Italy by law distributes only blood and plasma 'treated' with heat and with chemical processes to kill viruses, and especially the fragile HIV of AIDS, which is destroyed at as low as 60 degrees Centigrade." Prof. Mannucci is the director of the Second School of Specialization in Hematology at Milan University and of the Angelo Bianchi Bonomi Center of Hemophilia and Thrombosis at Milan's Polyclinic.

Mannucci knows what he's talking about: It is not a mere coincidence that he, together with Prof. Luc Montagnier of the Pasteur Institute of Paris (the discoverer of the AIDS virus) conducted the world's first clinical research on the destruction of the HIV virus through the use of heat. It was because of that study published in Britain's "Lancet" (signed by both Mannucci and Montagnier) that countries were only allowed to give transfusions with "treated" blood.

It is worthwhile to hear this story told by Prof. Mannucci himself. He says: "Up to 1984 it was not even certain that AIDS was caused by a virus. In 1984 Montagnier discovered the virus (followed then by Gallo) and at the end of that year Dr. Evatt of the Center for Disease Control in Atlanta, experimentally demonstrated, in vitro, that heat destroys the HIV. In vitro: but it was clear it was necessary to demonstrate that the destruction of the HIV virus could also be accomplished in vivo. I was fortunate enough to know beforehand the results of Dr. Evatt's research. It was at this point that Montagnier's and my decision," continued Prof. Mannucci, "was to accomplish the first experimentation on man. We chose a group of hemophiliacs who had been treated with blood concentrates not inactivated by heat, and a

similar group where we gave heated concentrates. In hindsight, you could think now that we put at risk the group who were given noninactivated blood. Keep in mind though, that with what we knew then it could have seemed at worst that we had put at risk the subjects to whom we had given the heated inactivated blood. Many said, in fact, that heating blood could denature the proteins, especially in the VIII and IX factors—those that we had to transfuse into the hemophiliacs—and thus give rise to complications.”

Continuing, Prof. Mannucci said: “Anyhow, to cut it short, we saw almost at once that in the group treated with unheated blood, seropositive cases came to light, while in the other group they did not show up at all. For obvious reasons of caution, our study was conducted with a small number of persons, but the results were statistically so significant that we suspended the test so as not to harm the “untreated” group, and we immediately gave all the data of our experiments to the LANCET for publication.”

Ferrieri: At this point, Prof. Mannucci, charges were made that the Ministry had “wasted time” before banning distribution of the noninactivated blood. You obviously informed the Health Ministry of Montagnier’s and your findings, did you not?

Mannucci: Obviously I informed the Ministry immediately. And I have to say they dealt with the problem without delay. Just look at the dates: The LANCET published the article on 28 February 1985; the new ministerial legislation came on 15 July. Now the Ministry obviously had to absorb this completely new scientific data, check it out, examine it closely, and then make its decision. Given ministerial bureaucracy, I don’t think the time from March to July had been too long.

Ferrieri: There are, however, those who hold—like Mr. Magrini, president of the Italian Association of Recipients of Multiple Blood Transfusions—that infected blood was distributed even after July 1985.

Mannucci: This does not call into question either us or the Ministry. Theoretically it can well be that individual industries left noninactivated blood in circulation. I don’t believe so. As far as regards our Hemophilia Center, we immediately informed the multinational companies that supply us with blood: they withdrew the old blood from circulation, substituting it with inactivated blood. If others have proof that some industries did otherwise—that is leaving in circulation “untreated” blood, as in fact happened in France—and that would be very serious—they should submit the evidence and seek appropriate punishment for those responsible.

Ferrieri: Anyway, professor, even in Italy there were certainly seropositive cases that came to light between March and July of 1985; like others had before March 1985 when, without knowing, you transfused blood that potentially could transmit the infection.

Mannucci: These two objections are correct: I’m convinced that there have been HIV infections between March and July 1985—not at our Center, where we immediately modified the transfusion method, but elsewhere in Italy. It is unfortunately an inevitable paying of the price for a margin of time between the discovery of a remedy and its mass employment.

As to the possible infections between 1984 and 1985, let’s go back to the situation then: We knew so little of AIDS, even if there were some elements that indicated how it was transmitted into the blood. But the point is that the untreated hemophiliacs risked death by hemorrhage. A sure risk, of course, against a risk that was then uncertain. We were faced with that dilemma in those years: renounce transfusing hemophiliacs, thus leaving them to die of hemorrhage, or continue with the transfusions. That was our choice—a common choice, on the other hand, made at that time by all hematology and hemophiliac treatment centers throughout the world—to run that risk. It was understood that we did these transfusions always and only with the consent, case by case, of the patients.

The positive fact remains that Italian hemophiliacs have a seropositive rate enormously lower compared with any other country—starting with France. In an interview two years or so ago that fortunate difference was defined to us by Prof. Mannucci as “unexplainable.”

Ferrieri: Is it still unexplainable, professor?

Mannucci: No, I would say that today we understand the reasons that were unexplainable then. Just think that in France and Germany half of the hemophiliacs are seropositive, in the United States it is even 90 percent. I had even supposed that a different genetic predisposition was at stake. With Prof. Scorza, an immunologist at Milan University, we had noted that there were some differences which, however, were not important enough to call for persuasive explanations. We were just groping around in the dark. Nowadays, at least as far as France is concerned, it’s just the infected blood transfusion scandal that could give us the precise explanation of that phenomenon.

Ferrieri: Do you confirm, professor, that after 1985 there were no seropositive cases among hemophiliacs in Italy? Others deny this, referring however to a pooling of multitransfusion recipients with hemophiliacs.

Mannucci: It was the Disease Control Center of Atlanta that said it, not I. There they register all onset stage seropositive cases, and for Italian hemophiliacs the figures were precisely that there were none in the past six years. There were, unfortunately, six cases in Germany, in the wake of an accident in the treatment of plasma; a batch of infected blood was poured by error into a container that had no chemical additives that would have guaranteed the death of the AIDS virus. It’s certain that a similar accident can’t happen again.

Ferrieri: On the other hand, the scandal of the "so-as-not-to-waste" infected blood transfusions broke in France, the land of Montagnier. It is a harsh fact, don't you think?

Mannucci: Certainly, and I was upset about it myself; after all, as I told you, the first clinical study on the safety of the recourse to heated blood was a Franco-Italian research project that also carried Montagnier's name.

Naturally it's clear that Montagnier and the Pasteur Institute are not involved in that mess. Involved are the people in the ministries: that Dr. Garretta, who has the reputation of being a good manager but certainly not a great scientist. It's true that a good manager can direct a transfusion service...we are lucky ourselves that heading that job we have a great manager who is also a great scientist—Prof. Girolamo Sirchia.

Organization Criticized

92WE0116B Milan EUROPEO in Italian 8 Nov 91
pp 83-84

[Article by Sergio Canelles: "Very Expensive Blood: Small Quantity and Not Used Very Well"]

[Text] Angelo Magrini is a marketing sector professional. A transfusion he received four years ago gave him a hepatitis infection. "It's a miracle I didn't run up against the AIDS virus," he told EUROPEO. "Dozens, hundreds of persons in fact, let's say less fortunate than I, find themselves saddled with tragedies without ever having done anything wrong."

The origin of the drama that has involved a high number of multitransfusion receivers, hemophiliacs, micro-cythaemics, and other sick persons subject to frequent blood transfusions, is set between April 1985 and February 1987. "In Italy during that period," charged Angelo Magrini, currently president of the multiple transfusion recipients association, "use of blood and hemoderivates was effected without being specifically tested to verify immunity to the HIV AIDS virus." For a period of about two years, hospitals, clinics, and other health structures could thus have used blood and its derivatives without knowing the risks of AIDS infection.

Already years ago, Magrini charged that "the requirement to check blood from so-called nonregular donors goes back to April 1986; the order to withdraw the hemoderivates that were not specifically tested only came in February 1987, while we had to wait until 15 January 1988 before tests bearing on these diseases were introduced for every sample of donated blood in Italy."

It was not long before the consequences emerged. The statistics of the Superior Health Institute speak for themselves: 1,200 persons have been infected by the HIV virus. As time went by, the picture outlines itself unequivocally. There are 149 deaths; of the 1,051 still alive, 120 by now definitely have AIDS; 931 others are seropositive.

A law suit initiated for "biological damage" by more than 400 persons, members of the multiple transfusion recipients association, calls for 300 million lire in compensation for those infected by the transfusions, and 600 million for the families of those already dead. Other benefits are sought for orphans and widows of heads of families who died on the job.

"A few days before the World Congress on AIDS that took place in Florence a few months ago, "we received," they say scornfully at the association of multiple transfusion recipients "the counter offer of the Health Ministry: compensatory damages of 50 million lire for families which have lost a relative; 18 million for those infected by AIDS."

But how is one to act in such a delicate area as blood transfusions, and what is to be done starting immediately?

Immunologist Fernando Aiuti covers several points for EUROPEO: avoid the easy transfusions, do them only in cases of real necessity. Go with the rule of double tests with two control kits. The risk cannot be totally eliminated, but one hypothetical infection is reached for every 100,000 transfusions. And again: dispense with taking blood samples for subjects at risk, and work with a doctor to draw up interview patterns. The reason? It is well known that replies of individuals are rarely truthful if the person is not offered the assurance that the data given is useful and not discriminating.

Finally, transfusion centers should not be allowed to do specific and sophisticated analyses (as in the case of the HIV): In very many cases, people turn to these centers so as not to lay themselves open to risk in a specific center dealing with AIDS, thinking they are substantially the same when in fact they carry out completely different procedures.

What is the real danger any of us can risk? A probability in 40,000 is the cold statistic calculated in hospitals of the risk of contracting sickness following blood transfusions. But the unmentionable sickness, of course, is AIDS.

"Anyway, the high-risk phase is at an end," asserts Antonio Zanini, resident doctor of the transfusion center at Bologna's Ospedale Maggiore. "At the present time we are able, through so-called 'windows of observation' to establish with an extremely limited margin of error the presence of infective elements in the blood. The problem, however, doesn't disappear. The risk of infection can never be eliminated 100 percent. The solution could come through an increase in regular blood donors. Checks and identifications are enormously facilitated by persons who continuously donate plasma on a regular basis."

In reality a simple solution does not exist. Blamed are the carelessness and superficiality with which blood donations and transfusions are handled. "The problem which must finally be dealt with seriously is the excessive

thoughtlessness with which doctors do transfusions even when they aren't necessary," says Pasquale Angeloni, 64, director of the National Blood Transfusion Center of the Red Cross in Rome. And all the campaigns to influence people to donate blood? "There's an annual deficit of 200,000 containers. Orthopedic operations and transplants call for large amounts of plasma. But if every time a surgeon operates he pours out one or two units of plasma, that is a practice without good grounds."

While censuring, without mincing words, the waste of plasma and the ill-fated consequences brought about by a mistaken medical culture and by a foolish health system, Prof. Angeloni outlines for EUROPEO the maneuvers and interests that rotate around blood transfusion centers.

"Let me cite a typical reality: In England there are 12 transfusion centers, in France a few more, in Italy we have now reached 360. The money generally spent by a regional health system—between medical personnel, paramedics, equipment, etc.—for the classic 400 milliliter pocket hovers between 700,000 and 900,000 lire. Such high costs are born of the dispersion and proliferation of health structures that certainly do not favor the collection and management of blood. We'll see the absurdity of it within a few months when local health units open outside hospitals dozens of transfusion centers. Let's say it clearly: The State will be paying hundreds of persons for a service that will have no practical usefulness for the community."

Rome stands out as far as waste of public money for transfusion centers is concerned. Ermanno d'Erme, regional president of Avis, the biggest association of blood donors, confirms that: "In Rome there are already too many transfusion centers. In spite of the logic and experience gained in other cities, millions are being spent for useless, if not damaging, structures that cost millions and millions."

Yet Law 107 of May 1990 decrees that transfusion centers should be one for every 400,000 users, an average that is applied in provinces like Viterbo and Latina, which thus can claim a correct proportion. In Rome the ratio is one every 100,000 inhabitants. Even in this case, however, there exist two Italys: The North, with 45 percent of the total populations, garners 64 percent of the national supplies. In the South it does not go over 17 percent. The reason is "very simple," replies Professor Angeloni. "In numerous southern cities there is a thriving market in blood controlled by unscrupulous persons. Unfortunately, people turn to them because transfusion centers don't have even enough supplies for the daily needs of hospitals. It's the classic mechanism of the black market: There's never any blood available, but if you pay, it's always possible to find some."

The game is simple, the Red Cross in Rome says: You buy in the North—the Veneto and Friuli Regions have a very high number of regular donors—through courteous requests, and the blood is then resold wherever it is more

convenient. With the chronic lack of reserves, no one wastes time to make scrupulous checks. Thus, that is the way the game is played. Talk about blood-suckers!

PORTUGAL

AIDS, Hepatitis Among African Trainees

92WE0114A Lisbon O JORNAL in Portuguese
31 Oct 91 p 5

[Article by Herminio Santos]

[Excerpt] Five members of the military contingent from Portuguese-speaking countries in Africa [PALOP] assigned to the Amadora Commando Regiment on the basis of the cooperation agreements signed between Portugal and its former colonies are infected with AIDS or the hepatitis-B virus. An authorized Army General Staff source has confirmed the existence of these cases to O JORNAL, going on to say that, of the five sick individuals, three have hepatitis and two have contracted AIDS.

These individuals arrived in Portugal on 14 September as members of a group of 13 sergeants and commissioned officers. The majority began attending the course for commando monitors and instructors taught by a sergeant and a commissioned officer in the permanent professional Army cadre. Some days later, they were all given various medical tests, consistent with the normal procedure for soldiers from PALOP.

After the test results reached the regiment on the 16th of this month, the infected individuals were immediately excluded from the course and taken to the Belem Military Hospital (formerly the Military Hospital for Infectious-Contagious Diseases). At least one of the sick individuals used the regimental premises only for sleeping, spending time in another Army unit. Although the Ministries of Defense and Foreign Affairs are sponsoring a cooperative effort, which will have the last word, it is almost certain that these patients will be sent back to their native countries.

According to the Army General Staff, the regimental commander called an immediate meeting of the teaching staff as soon as the results of the tests were known. The purpose was to put an immediate end to the rumors that were beginning to circulate about the cases of AIDS and hepatitis in the unit. During this "explanatory session," at which a doctor was present, the instructors were told about the situation and also were given information about the symptoms of the diseases and how they are transmitted.

According to medical sources with whom O JORNAL has talked, hepatitis-B is transmitted in the same way as AIDS—that is, by means of blood or sperm. There is only one difference between the hepatitis virus and the AIDS virus, and that is that the former is more resistant.

Hepatitis-B has permanent effects and can even cause serious liver damage, as well as being fatal in extreme cases.

The other African military personnel serving with the Commando Regiment are not in direct contact with the soldiers doing their compulsory military service. One reason, among others, is that they are of higher rank; they are all sergeants or commissioned officers. These individuals are chosen in their native countries by a Portuguese Army team made up of a physician and an instructor. Those selected are given basic medical examinations before departing for Portugal. However, because of the cost and the complicated procedures in the analyses required to establish the existence of infections caused by the AIDS or the hepatitis-B virus, these tests can only be given in our country. The African soldiers who have taken courses in Portugal have achieved satisfactory technical results, and many have become instructors in their home countries.

This is not the first time that African soldiers being trained in Portugal have proved to be carriers of AIDS or hepatitis-B. Almost every year since the cooperative actions with PALOP were initiated, some sergeants or commissioned officers have been sent back to their native countries because they are infected with one of these diseases. [passage omitted]

SWEDEN

Law Tested After Rape Victim Gets HIV 92WE0082B Stockholm DAGENS NYHETER in Swedish 16 Oct 91 p 8

[Article by Carin Stahlberg and Bo Westmar: "HIV-Infected Through Rape; Law Suit Tests Disease Protection Law"—first paragraph is DAGENS NYHETER introduction]

[Text] An HIV-infected man risks being sentenced to up to 10 years' imprisonment for having raped and infected a woman. Everything depends upon whether the woman feels well enough to testify in a trial—otherwise the man will go free.

Kristina is the first Swedish woman to be HIV-infected by a rapist. Her fate has raised a number of questions:

- Does Sweden's Disease Protection Law, which is designed to prevent the spreading of infectious diseases, work?
- Should those who knowingly spread life-threatening diseases be punished?
- Does the victim get support and reasonable damages?

The events which changed Kristina's life occurred the day before the summer solstice in 1990. She went home with an acquaintance to his apartment. For the first quarter hour he was pleasant, but then he changed.

"Suddenly he came in from the hall and said: 'Do you know that I am HIV positive?'" Kristina recounted in a radio program on "The Channel" earlier this year.

Held Locked In

The man assaulted Kristina, held her locked up for 20 hours, and raped and violated her repeatedly. Finally she was able to flee when the man borrowed cigarettes from a neighbor.

The week after the brutal rape, Kristina fell ill with a high fever. She remained in bed for three weeks and was taken care of by her 11-year-old daughter.

On the third visit to the doctor, she received her sentence—she had succumbed unusually rapidly to a very aggressive HIV infection.

Since then Kristina has lived in a state of shock, and her marriage is now definitively broken up.

The rapist's sentence thus far has been a mere three months' compulsory quarantine in a hospital. He was sentenced pursuant to the Disease Protection Law in order to prevent him from repeating the behavior.

Still Not Sentenced

He has yet to be sentenced even for his actions—rape and spread of the life-threatening HIV virus.

Now, more than a year after the event, Kristina has for the first time felt able to report the rape to the police. A judicial hearing is a prerequisite for enabling her to receive damages for her suffering.

At the same time, the rules for confidentiality under the Disease Protection Law are being questioned. According to the law, HIV-infected individuals have the right to anonymity as long as they do not commit a crime that leads to imprisonment for more than two years. The paragraphs of the law considered at this point to be applicable to the spreading of the HIV virus—including "posing a danger to others" and "infliction of bodily injury"—carry a maximum of two years' imprisonment.

But some legal experts, among them Olle Hoflund, professor emeritus of criminal law at Stockholm University, have asserted that the current criminal code already offers the opportunity for stiffer sentences.

10 Years' Imprisonment

Ake Olsson, district attorney of Stockholm's municipal court, who is currently investigating the Kristina rape concurs.

He maintains that the man can be sentenced to up to ten years' imprisonment on the basis of the criminal code. The category of crime can be violent rape or serious assault—"serious" on the basis of the spreading of the infection—with a scale of punishment from 4 to 10 years or 1 to 10 years of incarceration respectively.

"The investigation is in progress. I do not exclude an indictment by the end of the month," said Ake Olsson.

Among physicians, opinion is strong that an HIV-infected person who knowingly exposes another to risk of infection should be punished pursuant to the criminal code, not according to the Disease Control Law.

HIV-Positive Individual Incarcerated

A Finnish man was sentenced to two years' imprisonment for having infected his male partner with the HIV infection. The municipal court of Helsinki condemned the man for the infliction of grave bodily harm which caused his death.

Monthly HIV Increase Stable

92WE0082G Stockholm DAGENS NYHETER
in Swedish 23 Oct 91 p 6

[Article by Kerstin Hellbom: "No Increase of HIV; Spreading Via Heterosexual Intercourse in Sweden"—first paragraph is DAGENS NYHETER introduction]

[Text] Between two and four people a month are infected by the HIV virus through heterosexual intercourse in Sweden. This has been the trend in recent years. Indigenous heterosexual spreading has neither increased nor diminished.

This is the finding of the latest statistics from the National Bacteriological Laboratory [SBL], on newly reported HIV positive individuals during the third quarter of this year.

In contrast to the high numbers of HIV positives newly detected in the first years, the numbers in more recent years, starting in the mid 1980's when the capability of testing for it began, have stabilized at about 30 people a month. This tendency has not changed, according to SBL's latest statistics.

In all, 83 new cases were reported in July, August, and September of 1992. The spread of the disease breaks down as:

- Homosexual intercourse, men: 25, women: 0.
- Needle-users, men: 5, women: 2.
- Heterosexual intercourse, Men: 18, women: 30.
- Blood and blood products, men: 0, women: 1.
- Mother to child: 2.

The table shows that spreading of the infection through heterosexual intercourse continues to be greater than spreading through homosexual intercourse or through needles.

Of the total of 48 who were heterosexually infected, half were of foreign origin. Of the approximately 20 individuals remaining, about half of those were infected abroad.

This leaves about 10 who were heterosexually infected in Sweden, between two and four individuals a month.

Since the first HIV positive cases were detected in Sweden in the mid-1980's, a total of 2,890 individuals infected with HIV have been reported to SBL. Of these, 2,338 are men and 552 are women. The spread of the infection breaks down as follows:

- Homosexual intercourse, men: 1,372, women: 0.
- Needle-users, men: 422, women: 172.
- Heterosexual intercourse, men: 371, women: 325.
- Blood and blood products, men: 150, women: 45.
- Mother to child: 16.
- Unknown cause, men: 14, women: 3.

Of the 2,890 reported HIV positive cases in Sweden, at least 800 are of foreign origin, most of whom were infected through heterosexual intercourse.

Tighter Blood Checking From HIV Concern

92WE0082C Stockholm DAGENS NYHETER
in Swedish 1 Nov 91 p 5

[Article by Lena Axelsson: "Stricter Control Over Blood"—first paragraph is DAGENS NYHETER introduction]

[Text] The possibility of spreading the HIV virus in Sweden through blood transfusions is still not excluded. Therefore the National Board of Health and Welfare has recommended that the nation's hospitals be extremely careful when they administer blood to their patients.

"The risks cannot be swept under the rug," said professor Claes Hogman of the Academic Hospital in Uppsala. He participated in compiling the national board's general advice on replenishment of blood loss.

According to Claes Hogman, the situation for blood transfusions in Sweden has changed a great deal since the beginning of the 1980's. The risk of being infected with HIV in this manner is today much diminished.

"By 1983 safety measures were already in place for blood donation. Doctors warned people in risk groups about donating blood. And in the summer of 1985 it became possible to test blood for the HIV virus. By autumn of the same year, the test was performed throughout the country. The same year, a method of heating blood from donors began to be used in order to kill any HIV virus present.

During the last six years no one in Sweden has been infected with the HIV virus through blood transfusions.

A week ago, the worst health scandal in France's history was discovered. Of the nation's 2,300 hemophiliacs, 1,200 have been infected with the HIV virus through blood transfer. Of those infected, 185 have died of AIDS. The virus was transmitted during the years 1980-1985. The cause appears to have been negligence on the part of the authorities.

Three bureaucrats at France's National Blood Transfusion Center have been charged with having neglected to

give the order to use the available HIV test on blood at French blood donor centers.

The ultimate cause of the catastrophe is said to be the demand from higher officials to economize. The three bureaucrats, one who has resigned his position as head of a blood transfusion center, blame the health care minister and the minister of finance during that period. The three bureaucrats claim to have received the order to save millions on blood transfusion routines. As a result, the American test, which was available by March of 1985, was ignored.

Nor did anyone bother to use the method of heating blood which was common in the rest of Europe by 1985. The method was claimed to be too expensive. The stock of untested blood was used to the last drop, in expectation that a cheaper French test would be brought out.

HIV Incidence Among Pregnant Women Increases

*92WE0143C Stockholm DAGENS NYHETER
in Swedish 14 Nov 91 p 5*

[Text] The number of women infected with HIV has doubled compared to last year. Numbers from the State Bacteriological Laboratory (SBL) indicate that this year 19 women did not discover that they were infected until they became pregnant.

So far most of the infected pregnant women have been immigrants, according to the SBL. Pregnant women who have received blood transfusions or who have been on drugs have also shown to be infected.

Of the 19 women who turned out to be infected with HIV this year, five who are Swedish and not of foreign extraction were infected heterosexually. In 1989 eight pregnant women were infected with HIV, last year the number was ten.

Paper Views Quarantine Law, AIDS Danger

*92WE0143A Stockholm DAGENS NYHETER
in Swedish 1 Dec 91 p 2*

[Editorial: "AIDS Cannot Be Legislated Away; Including HIV in Communicable Disease Statute Undermines Confidence in Care"]

[Text] The picture of Sweden's treatment of the AIDS problem is full of contradictions. The Swedish Government acted forcefully and invested a lot of money not only in research but also in preventive work. No one can doubt the good will behind the efforts to counter the spread of the infection.

At the same time, there is a clause in Swedish legislation that is surprising, especially to other countries. Since 1986, AIDS is included in the communicable disease protection statute. This means that Sweden is one of the few countries in the world, where HIV infected persons

are subject to involuntary isolation. It means furthermore that the anonymity of a person infected with HIV is not guaranteed.

The fact that Sweden has such good AIDS statistics is not due to legislative or control policies. It is the individual doctors, nurses and all the volunteer workers who deserve the honor for the excellent AIDS care that exists in Sweden. Volunteer organizations have also shouldered a large part of the responsibility for conveying information.

Ove Berglund, assistant chief physician at Roslagstull Hospital, says in an article in the LAKARTIDNINGEN that he has been forced to break the law on numerous occasions. It has happened that someone suspected of being infected has refused to be tested while reporting that he lives in such a way that he cannot spread the infection. Subsequently, the doctor did not obey the law, and did not report him and his full identity to the communicable disease protection physician.

The law prescribes that you can be tested anonymously, but if the test is positive, you must be identified. Furthermore, it is still not clear whether a physician can offer treatment if the patient refuses to reveal his identity.

Experience is lacking within the infectious disease care on long-term involuntary care. As it is now, the infectious and the communicable disease protection physicians are forced to accept the roles of informer, prosecutor, police and jailer.

Since the infectious disease physicians have refused to handle the involuntary care, special clinics have had to be established. A number of women in an annex to the Danderyd Hospital have been guarded for several years by commercial guards at enormous costs.

On paper the treating physician is responsible for the reporting. This was also stressed by Brith Christensen, the communicable disease protection physician in Stockholm, in a contribution to the debate about changes in the law: "It goes without saying that the communicable disease protection physician only acts on the basis of a report from the treating physician." Despite this, the communicable disease protection authorities visited the special office for homosexual men last fall and asked to see the patient journals. The reason was that the authorities had received a report from an outsider, maintaining that a large number of people active within the volunteer organizations are spreading the infection.

When those responsible were questioned last Thursday at a Medical Association meeting, the reply was that it was a routine mission.

In connection with the visit a spokesman for the AIDS delegation went to the media and explained that if the allegations were true, subsidies for the organizations would be withdrawn.

That is the most effective way to undermine the confidence in authorities among those infected.

When HIV was beginning to spread in Sweden, the government wanted to act forcefully. A parliamentary agency was appointed—the AIDS delegation—which is now part of the government offices.

Such an agency can be appointed in times of crisis, but for the sake of public debate, it should not become a permanent one. The AIDS delegation is now effectively preventing a parliamentary debate about personal integrity in the AIDS care.

To include AIDS in the communicable disease statute goes against medical ethics, prevents Sweden from signing the European Council's declaration about treatment of HIV positive persons and counteracts the most important thing in this connection: the motivation of those infected to refrain from unsafe sex for the rest of their lives.

In September, there were 1,438 HIV positive persons in Stockholm. According to the communicable disease protection authorities' report at the Medical Association meeting, 102 persons are subject to prosecution for breaking the rules. Nine persons have been subject to involuntary isolation, five women and four men. One of those men is the so-called HIV man, another one was included because of rape, and the rest were included because of sharing needles. The women were taken into custody because of prostitution.

Among those now being scrutinized by the communicable disease protection physician, are persons who are not drug users but "have insufficient understanding of the meaning of HIV infection. It is a question of persons with intellectually limited capacities or with large cultural differences."

Irresponsibility is not due to HIV. Criminals should be handled by the police, the mentally ill by psychiatrists, and drug users by the agency specializing in treating drug abusers. It should not be possible to isolate a person for the rest of his life on the basis of rumors heard by a social worker.

Thirty New HIV Cases Registered Each Month

92WE0143B Stockholm DAGENS NYHETER
in Swedish 1 Dec 91 p 6

[Article by Carin Stahlberg and Karen Soderberg: "Epidemic Has Only Just Begun"]

[Excerpts] [passage omitted] On the last of September this year, there were 2,890 persons registered as HIV positive in Sweden and of those 617 had developed AIDS. A number of activities are underway today on AIDS Day International for those who want to show their solidarity with those afflicted or who want to help in the fight against AIDS. [passage omitted]

Volunteers Against AIDS

When economic problems shrink public and private sectors, volunteerism, the idealistic sector, becomes indispensable. Volunteers perform one-third of all the work at the foundation Noah's Ark-Red Cross.

During the week before AIDS Day International, on 1 December, volunteers are putting up posters. They are on duty at the AIDS clinic and handle the reception. They support those who are ill. They handle the night-shift at the guest house. They inform and arrange courses. They make coffee and serve it. Last year 330 volunteers were responsible for 24,000 work hours. What would happen if the volunteers were not there? The Ark would founder.

Consoles

For over thirty years, Anne-Marie De Geer has worked as a hostess at the blood center, the emergency clinic, and the central X-ray department at the Karolinska Hospital.

"As a Red Cross volunteer, I do everything the regular personnel don't have time for, I converse, console and help to make things right," says De Geer.

During an information session for Red Cross personnel in the early 1980's, she heard about a disease called AIDS and its puzzling virus. A new institution was going to be opened at the Maria polyclinic and volunteers were needed. [passage omitted]

Many Young People

Today about 500 of those who are HIV positive are younger than 25 years of age. A 17-year-old girl, who just received the news, is at the Ark. There is a young boy who has only been together with two girls. One of them gave him the virus. Every month about 30 new cases are discovered in Sweden. In Africa south of the Sahara, every fortieth person is HIV infected, men and women alike.

Raymond Eriksson did volunteer work at the Danderyd clinic, while he was studying to become a mental health nurse.

"I met people who were HIV positive and especially one patient whom I followed through his illness. When the Danderyd hospital opened a department especially focused on HIV, I applied there. The spirit of the Red Cross is to show humanity to others." [passage omitted]

TURKEY

Army Takes Measures To Prevent Spread of AIDS

92ES0284A Istanbul MILLIYET in Turkish 4 Dec 91
p 14

[Text] It has been disclosed that the Turkish Armed Forces has taken the most effective measure against AIDS, which is described as the plague of our era.

Professor Melahat Okuyan, a member of the Supreme AIDS Council, said in a statement during a "panel discussion on AIDS" that barbers are no longer allowed to shave soldiers in barracks. She added: "I would like to congratulate those who took that decision." Professor Okuyan continued: "The blood is the principal vehicle of AIDS transmission. A facial shave performed with tools that are not properly disinfected may result in the disease being transmitted to someone else. In view of that, the measure that has been taken in the Turkish Armed Forces deserves every praise. That action should serve as an example to society in general."

Officials of the Office of the Chief of the General Staff confirmed the reports on the ban on shaving and said:

"No memorandum has been issued on this matter. All units and subunits have begun to implement this measure in their own organizations as a precautionary step. The decision was made by local units and regimental commanders. In other words, the administrations of the barracks have banned barbers from offering shaves at their own initiative. The same has happened in the military units."

Alert in Istanbul

In a panel discussion organized in Izmir, Professor Okuyan said that Istanbul has become a "high-risk province" on the issue of AIDS. She said:

"Istanbul is a city which attracts people from all corners of the world and where foreign prostitutes are multiplying. Consequently, the status of Istanbul is not very encouraging. If very fundamental and systematic educational work is not carried out and the public is not warned, and if the activities of prostitutes formerly from the Eastern Bloc are not reined in, an AIDS epidemic can be expected in Istanbul at any time."

Also speaking at the meeting, Professor Gazanfer Aksakaloglu noted that the condom is an important precautionary measure against AIDS and claimed that condoms issued by the Ministry of Health are "unhealthy." He said:

"The best means of preventing AIDS is fidelity among couples. However, that is nothing more than wishful thinking, and the disease continues to spread rapidly around the world. That leaves no option other than emphasizing medical and hygienic measures."

Professor Necla Cevik, a member of the faculty of 9 September University, reiterated the view that a major AIDS epidemic may erupt in Istanbul. Professor Cevik said: "Disco kids run the highest risk of exposure to AIDS."

No Worries in East

Professor Sedat Ariturk, the president of Tigris University, spoke to Namik Durukan of *MILLIYET*'s Diyarbakir bureau about the status of AIDS in eastern and southeastern Anatolia. He said: "The region has many economic problems but we are fortunate in terms of AIDS."

Pointing out that not a single case of AIDS has been observed in eastern and southeastern Anatolia, Professor Ariturk said:

"The people of the region are strongly bound to their religious beliefs and traditions. As a result, AIDS, which is known to be associated with certain immoral activities, has not come to this region; it cannot find any sanctuary for itself here. Indeed many diseases of civilization cannot enter these regions. AIDS has entered Turkey through population movements from outside. Large Turkish cities that are subject to big influxes of foreigners run a high risk of exposure to AIDS."

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